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ABSTRACT

A study was conducted to determine the current Acquired Immune Deficiency Syndrome (AIDS) policies, educational programs, and services for students, faculty, and staff in the 106 California community colleges; to predict the impact AIDS education and related services are likely to have on the colleges; to recommend appropriate action for the Los Angeles Community College District; and to develop an AIDS resource guide. Questionnaires were sent to the health services coordinator or director of institutional research and planning at all California community colleges. Study findings, based on a 100% response rate, included the following: (1) 32% of the colleges had received AIDS guidelines from the American College Health Association and had discussed them with faculty and staff; (2) 26% had developed AIDS policies and guidelines; (3) 64% offered referral services, 52% had an AIDS resource center, 34% had a telephone information service, 51% offered individual consultations, 9% offered training for campus leaders, 42% engaged in outreach, and 66% conducted special campus events; (4) although all colleges perceived a need to offer AIDS education for the campus community, only 50% of the colleges had offered AIDS seminars/workshops for faculty and staff, 28% provided counseling geared specifically to at-risk groups, and 12% had adjusted counseling services; and (5) while only 19 colleges offered screening and testing for AIDS on campus, 75% provided referrals to medical centers. An extensive literature review, a 69-item bibliography, a guide to information and organizational resources, and the survey instrument are included. (EJV)

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A CASE STUDY OF THE CALIFORNIA COMMUNITY COLLEGES' AIDS POLICIES, GUIDELINES, AND SERVICES FOR STUDENTS, FACULTY, AND STAFF

by

Cassandra Todd Carraway

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A Major Applied Research Project presented in
partial fulfillment of the requirements
for the degree of Doctor of Education

Nova University
August, 1988

JC 880 380

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Abstract of a Major Applied Research Project Presented
to Nova University in Partial Fulfillment of the
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August, 1988

The emergence in the past few years of Acquired Immune Deficiency Syndrome (AIDS) as a major public health problem that has impact on all segments of society, including the California Community Colleges, has generated not only compassion for those who suffer from this disease but also anxiety about its spread. It is critical, therefore, to increase awareness and provide educational programs to prevent further spread of the disease as well as to dispel unwarranted fears.

The Los Angeles Community College District has been without Health Services since 1980. From the growing number of AIDS cases in Los Angeles County, it is clear that a comprehensive AIDS educational program is needed for the nine colleges in the Los Angeles Community College District.

The purposes of this case study were: (1) to discover the current AIDS policies, educational programs, and related services offered to the students, faculty, and staff in the 106 California Community Colleges; (2) to determine what educational impact AIDS education and related services are likely to have on the California Community Colleges; (3) to identify appropriate related services for the students, faculty, and staff in the Los Angeles Community College District; and (4) to develop a practical guide of AIDS policies, guidelines, activities, listing of educational materials, organizations, and referral sources.

A questionnaire was sent to all the California Community Colleges' health service coordinator/director with directions for completing and returning the questionnaire. For those colleges without health services, the questionnaire was sent to the director of institutional research and planning and the identical procedure for completing the survey questionnaire was followed. All the respondents, 100 percent of the 106 California Community Colleges receiving questionnaires, returned usable questionnaires by the established deadline date.

Analysis of the information provided by the respondents indicated that about one-quarter of the colleges had established AIDS policies and guidelines and approximately one-third of the colleges had received the AIDS guidelines from the American College Health

Association and had discussed them with faculty and staff. Two-thirds of the colleges reported that AIDS-related activities were being provided in the colleges for students, faculty, and staff.

All the colleges perceived a need to offer AIDS education for the campus community; however, only about one-half of the colleges had offered AIDS seminars/ workshops for faculty and staff. About one-quarter of the colleges had provided counseling specifically geared toward persons at risk for AIDS, and only a few of the colleges actually adjusted counseling services in implementing AIDS education on the campus.

While only a few of the colleges offered screening and testing for AIDS on campus, approximately three-quarters of the colleges provided referrals to medical centers. Only a few colleges had conducted surveys of behavioral and knowledge change in evaluating program effectiveness.

The concern and interest about the impact of AIDS on the college campus was demonstrated by the high response rate to the survey. The majority of the 106 California Community Colleges were involved with providing AIDS education to the campus community. While some colleges were just beginning to address this education need, other colleges were developing a multi-faceted approach to AIDS education.

Based upon the findings of the survey and the review of literature, the following recommendations are made:

1. A concerted effort should be made by health service personnel in the California Community Colleges to network with the American College Health Association and the Centers for Disease Control to keep up-to-date on AIDS medical knowledge, AIDS-related issues, and concerns on the college campus.

2. The Los Angeles Community College District Board of Trustees should: (a) consider reestablishing health services on the nine campuses to (1) include the minimum of a public health nurse at each campus and (2) provide the necessary support personnel in establishing and maintaining this service; (b) provide inservice training for all counselors, advisors, and health science and health vocational instructors on AIDS transmission and prevention; (c) require each college to conduct a needs assessment of each campus to include (1) a survey of students, faculty, and staff AIDS knowledge and (2) provide the necessary funding in order to implement a comprehensive AIDS education program for the entire nine campuses and the district office personnel; and (d) require each campus to develop a campus-wide comprehensive AIDS education program and require each campus to submit a quarterly report as to the effectiveness of its AIDS educational efforts.

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Chapter 1

INTRODUCTION

As a result of the spread of the Acquired Immune Deficiency Syndrome (AIDS), a serious public health problem has developed that has affected all segments of society (Bridwell and Blom, 1986) including the California Community Colleges. According to the American College Health Association (1986), the medical, social, legal, and ethical issues that face society as a whole are equally manifest at America's colleges and universities. The nature of the disease and the characteristics of campus populations have reinforced the administrative impulse toward establishing a policy first and weighing alternatives later (Biemiller, 1985). A rational approach to the AIDS crisis requires full and accurate information for policy development, effective systems for educating students and campus personnel, and flexibility in dealing with the multitude of human relations concerns that are involved (Keeling, 1986).

AIDS is a life-threatening viral disease that compromises part of the body's immune system. Individuals who have AIDS are vulnerable to certain illnesses that would not be a threat to persons whose immune systems function normally. These illnesses consist of

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"opportunistic infections" or diseases and certain malignancies. Many infected persons may remain in relatively good health, while others may develop health problems varying in severity from mild to extremely serious (Centers for Disease Control, 1987a).

The World Health Organization estimates that fifty to one hundred million persons worldwide may be infected with the AIDS virus by 1991. Based on current information, 20 to 30 percent will progress to AIDS within five years of initial infection. This percentage is likely to increase beyond five years. Thus, AIDS represents a health disaster of pandemic proportions (World Health Organization, 1987).

Background and Significance

AIDS slipped insidiously into medical awareness in 1981. The growing number of cases, the frightening fatality rate, and the extraordinary amount of media attention paid to it have subsequently combined to create a high degree of public awareness of the disease (Keeling, 1986).

According to Reifler and Valenti (1986), college health services should take the lead in assisting administrators to develop institutional policies and educational priorities and methods for students and employees. To date, there have been few cases of AIDS among college and university students (Hirschorn, 1987).

For that matter, only a small proportion of AIDS cases have occurred in people who fall into the traditional college-age group. On the other hand, the American College Health Association (1986) noted that the incubation period may be quite long; unsafe sexual behaviors among students currently in college may not result in recognizable AIDS until long after commencement.

The United States Department of Health and Human Services, under the direction of the Public Health Service (1987a), has developed an information/education plan to prevent and control AIDS in the United States. The Public Health Service's mission, broadly stated, is to protect and improve the health of the American people. Public Health Service (PHS) is the component of the Department of Health and Human Services with lead responsibility for research and education on AIDS. The information/education effort consists of four major components: (1) the public, (2) school- and college-aged populations, (3) persons at increased risk or infected, and (4) health workers. The following list contains some of the major projects included in the PHS plan for college-aged populations:

1. Convene national school health coalitions on AIDS and work with national organizations.
2. Assist colleges of education to provide AIDS education.
3. Develop a compendium of materials, programs, resources, and instruments to measure quality and outcomes of this education.

4. Help provide AIDS education to college students, assist especially in areas where AIDS incidence is high (e.g., California, Florida, and New York).

Successful implementation of this plan requires action from and cooperation among states, county, and municipal governments; professional and service organizations; the private sector; and the federal government. The College Health Service should now begin working with senior administrators to develop an institutional strategy for responding to concerns about AIDS and not wait for the first case of AIDS to appear on campus (Reifler and Valenti, 1986).

A college or university is more than just an educational institution. It is a community of people who study, work, live, and play together. As AIDS has affected the social fabric of today's society, so it also has the potential to affect the quality of life on campus (Kodama, 1987). Students, faculty, and staff may have misinformation about the transmission of AIDS, fears about the fatality rate, or negative attitudes toward the behaviors that put people at risk. This can create a climate of stress, suspicion, and overt and subtle discrimination against people with AIDS or people seen to be at increased risk. Education both on the facts about AIDS and the personal and social aspects of the disease has helped to allay fears, dispel myths, and give people a sense of involvement with the human side of the issue (Keeling, 1986).

Education and communication form the basis of any institution's best approach to dealing with the complex and interrelated issues raised by AIDS. Nationwide, college and university AIDS-education programs have the potential to reach the twelve million students currently enrolled in institutions of higher education, which represents about 5 percent of the United States adult population (Kodama, 1987). The University of California at Berkeley (1987) estimated the potential impact of AIDS on a specific student population. They suggested that of the 2,070,000 students currently enrolled in California institutions of higher education (approximately half of these students are enrolled in the California Community Colleges), at least 4,658 to 22,770 can be expected to develop AIDS Related Complex (ARC) and the same number of students to develop AIDS at some point in their lives.

Education programs about AIDS should be available to students in colleges and in programs of continuing education. Furthermore, universities and colleges should provide AIDS education for institutional employees, faculty, and staff by offering seminars and workshops on AIDS prevention.

Significance of the Study

The University of California and the California State University systems of higher education have recently implemented AIDS policies, guidelines, and services for students, faculty, and staff. However, the California

Community College system has not developed a general statement of AIDS policies and guidelines for the system. Each California Community College district is encouraged by the Chancellor's Office to develop its own AIDS policies, guidelines, and services for the needs of their students, faculty, and staff (Guichard, 1987). According to the American College Health Association (1986), the primary response of colleges and universities to the AIDS epidemic must be education. Because there is no cure for AIDS at this time, the most important goals for institutions will be to prevent further spread of the disease.

It has been well documented in the literature of the need to provide AIDS-education programs and related services in the colleges and universities for students, faculty, and staff. The nine campuses of the Los Angeles Community College District are without health services. Los Angeles County has the third highest rate of reported AIDS cases in the county (Los Angeles Public Health Services, 1987). For these reasons and the recommendations of the American College Health Association (1986), the American Council on Education (1987), the National Education Association (1987), and the United States Public Health Services, AIDS policies, guidelines, educational programs, and related services need to be implemented in the Los Angeles Community College District.

The purposes of this case study were to: (1) discover the current AIDS policies, educational programs, and related services offered to the students, faculty, and staff in the 106 California Community Colleges; (2) determine what educational impact AIDS education and related services are likely to have on the California Community Colleges; (3) identify appropriate related services for the students, faculty, and staff in the Los Angeles Community College District; and (4) develop a practical guide of AIDS policies, guidelines, and topics for educational programs.

This study should be useful to all the California Community Colleges because it will provide them with the following: (a) the colleges' current AIDS educational efforts; (b) the impact of AIDS education on the colleges; (c) a practical guide of AIDS policies, guidelines, and principles of education for AIDS prevention; AIDS program planning; menu of AIDS educational activities, listing of educational materials; and listing of appropriate services; and (d) more specifically, the study identifies appropriate AIDS-related services and referral sources in the community for the students, faculty, and staff in the Los Angeles Community College District.

Major Research Questions

The AIDS epidemic raises issues of liability that are of great concern to college and university administrators; the most effective means of addressing these issues at present is to educate students and employees about the

AIDS virus and to take reasonable precautions as recommended by the American College Health Association (1986) and the Centers for Disease Control (1988). This study explored the following questions:

1. How are the California Community Colleges addressing the issue of AIDS on the college campus?
2. What are the United States, University of California, and California State University systems' AIDS policies and guidelines?
3. What educational impact will AIDS education have on the California Community Colleges?

Definition of Terms

For the purpose of this study, the following terms were defined according to their use:

Acquired Immune Deficiency Syndrome (AIDS). This term refers to a serious condition characterized by a defect in natural immunity against disease. The virus that causes AIDS is called Human Immunodeficiency Virus (HIV). With the loss in immune response, the individual falls prey to a host of what are called "opportunistic infections." It is not highly contagious. It is specifically transmitted through sexual contact, by shared needles, or by infusion of infected blood or blood products. Additionally, an infected pregnant woman can transmit the virus to her unborn child (American College Health Association, 1986).

Acquired Immune Deficiency Syndrome Related Complex (ARC). This term refers to a prolonged (two weeks or more) history of fever and/or fungus infection of the mouth and throat. It is not known what percentage of people with ARC will go on to develop full-blown AIDS (American College Health Association, 1986).

Limitations

This study has several identified limitations. These limitations may place restriction upon the reliability, validity, applicability, or general usefulness of the study. In considering the intent and scope of the Major Applied Research Project, the following limitations were identified:

1. The study was limited to the identification of AIDS policies, guidelines, listing of educational materials, and identification of resources and related services and not the development of new curriculum for AIDS educational programs.
2. The study was limited by the willingness and ability of the responding college to answer the questions accurately and candidly.

3. The study was descriptive in nature and its results cannot be stated in terms of cause-and-effect relationships.

Assumptions

For the purpose of this study, the following assumptions were made:

1. California Community Colleges are aware of the importance of AIDS education and are involved in providing AIDS education and related services for students, faculty, and staff.
2. Health service administrators and directors of institutional research and planning have sufficient knowledge of AIDS policies and related services on their campus to complete, without detailed explanation, a questionnaire which employs basic AIDS educational terminology.

Chapter 2

REVIEW OF RELATED LITERATURE

Literature related to AIDS education on the college campus falls into six basic groups: (1) development of institutional policies and guidelines, (2) educational studies, (3) educational programs and activities, (4) institutional services, (5) educational materials, and (6) resources. Among the early advocates of the implementation of AIDS policies and guidelines for universities and colleges were Biemiller (1985), Keeling (1986), American College Health Association (1985), Public Health Service (1986), Bridwell and Blom (1986), Reifler and Valenti (1986), and Wirag (1986).

Prior to 1985, there was no major text devoted to AIDS education on the college campus. Articles on AIDS and the workplace by the Centers for Disease Control (1984) were the major sources of guidance for policy formation. The first major work was by the Task Force on AIDS of the American College Health Association. Two national organizations in particular have done extensive cooperative work on the impact of AIDS on college campuses. A special joint publication of the American College Health Association and the American Council on Education (1985) clarified the steps that academic institutions ought to be taking in response to AIDS. The Council recommended that "institutions not adopt blanket policies concerning students with AIDS and AIDS-related conditions" (American Council on Education, 1985:1) but instead follow flexible guidelines that "derive from the best currently available medical and legal facts about AIDS" (American Council on Education, 1985:3). Institutions are advised to "analyze and respond to each case as required by its own particular facts" (American Council on Education, 1985:3).

AIDS Policies and Guidelines

In the formation of AIDS policies and guidelines, colleges will need the latest medical and legal information (and revise as necessary) and the professional research recommendations of organizations as the American College Health Association and the Centers for Disease Control (Steinbach, 1985).

United States AIDS Policy

The United States Office of Personnel Management recently announced the first government-wide AIDS policy, prohibiting discrimination against employees with AIDS and allowing managers to take disciplinary action against individuals who refuse to work with a colleague carrying AIDS. The Office of Personnel Management developed the following guidelines:

1. AIDS-infected employees should be allowed to continue working as long as they are able to maintain acceptable performance and do not pose a safety-of-health threat to themselves or others in the workplace.
2. Agencies should treat AIDS-infected employees in the same manner as employees who suffer from other serious illnesses.
3. There is no medical basis for employees' refusing to work with fellow employees or agency clients who are infected with the AIDS virus.
4. The concerns of employees who fear AIDS-related fellow workers should be taken seriously and should be addressed with appropriate information and counseling.
5. The kind of non-sexual person-to-person contact that generally occurs among workers and clients or consumers in the workplace does not pose a risk for transmission of AIDS (Washington Post, 1988:5).

The Office of Personnel Management's AIDS Policy has four major parts for federal agencies to use as guidance in the federal workplace: (1) maintenance of confidentiality, (2) education, (3) invoking existing government regulations as they protect people with "handicapping conditions," and (4) prohibition against discrimination (Washington Post, 1988).

Recently, the Civil Rights Restoration Act was enacted by the Congress of the United States (Molotsky, 1988). There are major provision of the Act as they apply to the four statutes protecting women, minorities, elderly, and handicapped from federally subsidized discrimination. In essence, the new law states that federal antidiscrimination statutes apply to an institution in its entirety if it accepts federal aid·for as little as one program. A summary of the major provisions is listed as follows:

1. Compliance with the statutes is required of entire departments and agencies of state and local governments when any part of the department or agency receives federal aid.
2. Compliance is required throughout entire colleges, universities, and public school systems if any program or activity receives federal aid.
3. People with contagious diseases or infection are considered handicapped and protected by civil rights laws unless they pose a direct threat to the health or safety of others or are unable to perform their jobs (Molotsky, 1988:6).

Finally, in concluding the discussion of United States AIDS policy, it is important to include the work of the Public Health Service in implementing the national AIDS policy. The Public Health Service (PHS) is the component of the Department of Health and Human Services with lead responsibility for research and education on AIDS. The Public Health Service (1987b) has a comprehensive information/education plan to prevent and control AIDS in the United States.

The plan specifies the audiences to be addressed by this effort, the basic elements of AIDS information and education, and the means by which this education will be accomplished (among them, mass media campaigns, health education programs, demonstration programs, a clearinghouse of AIDS information, critical partnerships with other agencies and organizations, and development of special information for use by educators).

The Public Health Services AIDS Information/ Education Plan is consistent with the following policies proposed by the Domestic Policy Council and approved by the President:

1. Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be aggressive Federal effort in AIDS education.
2. The scope and content of the school portion of this AIDS education effort should be locally determined, and should be consistent with parental values.
3. The federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.
4. Any health information provided by the Federal Government that might be used in school should teach that children should not engage in sex, and should be used with the consent and involvement of parents (Bowen, 1987:i).

Centers for Disease Control Guidelines

The Centers for Disease Control (1988) established guidelines for effective school health education to prevent the spread of AIDS. The guidelines have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987.

California State University AIDS Policy

In the spring of 1986, a systemwide AIDS Study Group reviewed the pertinent literature and consulted with external experts, developing an AIDS Policy and Guidelines as a means of assisting the nineteen campuses to deal realistically with the AIDS crisis by addressing the present hazards, disease prevention, and education needed to dispel unwarranted fears (Reynolds, 1986).

The California State University's AIDS Policy and Guidelines were provided to prevent the spread of the virus, to reduce fears and dispel myths, to protect the rights of persons with AIDS, and to create an informed and supportive campus community. The policy and guidelines were based on information obtained from the American College Health Association, the American Council on Education, and the Centers for Disease Control. The guidelines were based upon current knowledge and were intended to provide direction for dealing with AIDS-related issues. Each campus was encouraged to include additional guidelines, as appropriate, to meet local needs (Reynolds, 1986).

General policy.

1. Each campus shall establish a coordinating committee to plan a comprehensive educational program and to develop administrative procedures that address campus issues related to AIDS.

2. Each campus shall develop and implement a comprehensive AIDS education program for students and employees.

3. Each campus shall analyze the individual circumstances and respond to persons with AIDS or AIDS-related conditions on a case-by-case basis (Reynolds, 1986:2).

Guidelines. The following guidelines are based on current epidemiological data indicating that students or employees with AIDS, AIDS-Related Complex, or a positive HIV antibody test do not pose a health risk to other students and employees in an academic setting (California State University, 1986:3).

1. Students and employees with AIDS, AIDS-Related Complex, or a positive HIV antibody test should be afforded normal classroom attendance, working conditions, and participation in co-curricular and extracurricular activities in an unrestricted manner as long as they are physically and psychologically able to do so.

2. In accordance with existing University procedures and requirements, an employee's or student's medical record is confidential information and such information may not be released without the individual's permission except as otherwise provided by law.

3. There is no justification for restricting the access for persons with AIDS, AIDS-Related Complex, or a positive HIV antibody test to residence halls; libraries; student unions; social, cultural, and athletic events; dining areas; gymnasia; swimming pools; recreation facilities; and other common areas.

4. Each campus should take necessary steps to ensure the safety of individuals participating in laboratory experiments involving blood, blood products, and body fluids.

5. Students participating in field work experiences in community health care settings should be provided assurance by the training facility that it is in compliance with the California Public Health Service's guidelines for the handling of blood, blood products, and body fluids.

6. If an employee or student has concerns about the presence of a person with the AIDS virus, that individual should be directed to a knowledgeable counselor or administrator to help allay fears. Appropriate educational programs and/or counseling services should be provided on campus, or referral should be made to appropriate community agencies for those persons with continuing fears or concerns about the disease. It should be understood that refusal to work with a person with the AIDS virus does not excuse an employee from fulfilling responsibilities.

7. Each campus health center should be familiar with sources for testing for AIDS, and should refer persons requesting such testing to appropriate community agencies.

8. Each campus should establish communication links with county health agencies and where available, community AIDS centers in order to obtain current medical and referral information (Kagan, 1986:3).

University of California AIDS Policy

The University of California recognizes the need to examine its policies affecting faculty, students, and staff and to determine whether the existing policies are adequate insofar as they bear on AIDS-related issues. This was done by the University's AIDS Policy Steering Committee in order to be able to protect the rights of persons with AIDS and of those who interact with them in the course of their normal University-related activities. The AIDS Policy and Steering Committee undertook a detailed analysis of the University's policies, reviewed medical and epidemiological information on AIDS available to date, examined relevant guidelines issued by several responsible bodies, and considered the legal and ethical issues involved (University of California, 1986).

General policy. The Steering Committee recognized that the AIDS epidemic places new responsibilities on the University to reduce anxiety about the public health aspects of the disease, to be sensitive to the concerns of both individuals with AIDS and those who come in contact with them in the course of their university activities, and to apply all university policies in a nondiscriminatory manner and in compliance with applicable laws. Additionally, the university has a moral obligation to make current medical information available on all campuses.

1. Discrimination based on the disabling effects of AIDS and its related conditions is prohibited by federal and state law, as well as University policy.

2. The University's AIDS-related educational effort should be two-pronged. The University should continue to employ a variety of methods to convey information to faculty, students, and staff for their personal guidance. More specialized programs should be developed for administrators, supervisory staff, faculty, counselors, and others who must deal with AIDS-related issues in discharging their responsibilities to the University.

3. Since new knowledge about AIDS is developing rapidly, the University should periodically review its policies, insofar as they may bear on AIDS-related issues in the light of then available information and implement any revisions or additions that may be indicated (University of California, 1986:12).

Guidelines. The most widely accepted recommendations for dealing with AIDS-related issues are those developed by the Centers for Disease Control and the United States Department of Health and Human Services. These guidelines are based on the most recent medical, scientific, and epidemiologic findings and represent the consensus of experts in the public and private sectors. In essence, the University of California AIDS Guidelines recommend adherence to and basing policy decisions on the Centers for Disease Control recommendations. The guidelines are similar to California State University's guidelines.

In summary, the University's campuses have taken a number of steps to educate students, faculty, and staff regarding AIDS. These efforts have included campus-wide symposia and workshops, group discussions in residence halls, distribution of printed materials, individual counseling in student health centers, referrals to community clinics and AIDS antibody testing centers, and establishment of AIDS education telephone lines. The University's Student Health Services also provide an information desk which provides campus and community referrals for education, counseling, and treatment of AIDS: peer health counselors/student health advocates, a helpline, student psychological services, and community resources.

Legal Issues

In the formation of AIDS policies and guidelines, colleges need the latest medical and legal information (and revise as necessary) on the professional research recommendations of organizations such as the American College Health Association and the Centers for Disease Control (Steinbach, 1985). Persons with HIV infection are in a vulnerable and isolated position and may be subject to discrimination. A person may lose a job, a home, or insurance without good medical or social justification. Protection against irrational discrimination is a well-established function of law (Parmet, 1987). There are federal, state, and local regulations prohibiting AIDS discrimination. These regulations are listed as follows:

Federal regulations prohibiting AIDS discrimination.

1. Sections 503 and 504 of the Rehabilitation Act (1973) prohibit discrimination against physically handicapped persons by the federal government, by federal contractors,

or by programs or activities receiving federal financial assistance.

2. On March 3, 1987, the United States Supreme Court held in School Board of Nassau County v. Arline that persons with contagious illnesses are broadly protected by sections 503 and 504 of the Rehabilitation Act of 1973 (School Board of Nassau County v. Arline, 1987).
3. The School Board of Nassau County v. Arline was codified by the United States Supreme Court on January 18, 1988, and states that persons with contagious disease are protected under the federal handicap law (School Board of Nassau County v. Arline, 1988).

State regulations prohibiting AIDS discrimination. The State of California holds that AIDS is a handicap and that discrimination is prohibited by law (California Department of Fair Employment and Housing v. Raytheon, 1987). Additionally, the California Ninth Circuit Court specifically held that AIDS is covered by the Rehabilitation Act of 1973 (Chalk v. Orange County Department of Education, 1987). Seven cities in California have antidiscrimination statutes. This includes major cities such as San Francisco, Los Angeles, and Sacramento (Gostin and Ziegler, 1987).

Local regulations prohibiting AIDS discrimination. The Los Angeles City Council (1985) enacted a city ordinance that

> . . . prohibits against discrimination based on a person suffering from the medical condition AIDS, or any medical signs or symptoms related there to, or any perception that a person is suffering from the medical condition AIDS whether real or imaginary (Los Angeles City Council, 1985:1).

The Los Angeles City Council adopted the ordinance against AIDS discrimination because "existing state and federal restraints on such arbitrary discrimination are inadequate to meet the particular problems of this city" (Los Angeles City Council, 1985:1). The Council declared that the ordinance is required for the immediate protection of the public peace, health, and safety for the following reasons:

> This ordinance will prevent unlawful discrimination against persons with AIDS and AIDS-related conditions in employment, housing, business establishments and other public accommodations, thereby creating conditions inimical to the public health and safety (Los Angeles City Council, 1985:2).

Several relevant professional organizations, such as the Association of American Medical Colleges (1985), American Council on Education (1987), and the American College Health Association (1985) have developed and distributed guidelines for dealing with AIDS-related issues on university and college campuses. In essence, these guidelines recommend adherence to and basing policy decisions on the federal, state, and local relations and the Centers for Disease Control recommendations. (A practical guide consisting of a series of AIDS policies and guidelines is listed in Appendix A.)

Educational Studies

A study conducted by McDermott et al. (1987) assessed both knowledge of and sources about AIDS in a sample of selected university students. A twenty-item forced-choice inventory consisting of cognitive and demographic items and based on fact sheets from the Centers for Disease Control was constructed and distributed in a general education course to 161 university students selected through clustered sampling from a pool of approximately five hundred potential respondents. Overall knowledge of key AIDS-related facts was high. However, 37.3 percent of the sample was unclear about AIDS' lethal potential, 35.4 percent did not recognize AIDS-associated opportunistic disease, and 31.7 percent did not relate risk of contracting AIDS with indiscriminant sexual behavior.

The three leading reported sources of AIDS information were television, newspapers, and magazines, respectively; and no respondent cited physicians as the major source of information. Though media attention given to AIDS abounds, certain misconceptions still are held by some young adults. The study indicated that educators in college and university health services and other settings need to maintain and disseminate accurate up-to-date information about AIDS on the college campus.

A survey conducted by the Centers for Disease Control (1987b) among 3,097 Americans over eighteen years of age found widespread misinformation about AIDS. They reported that 26 percent of the respondents reported that they would get AIDS from giving blood, and 36 percent believed they could get AIDS by eating at a restaurant where the cook has it. The study noted that the level of misinformation about modes of transmission, particularly from casual contact, continues to be high. The study indicated that there are signs that the United States public's knowledge about AIDS increased only slightly since last year.

Caruso and Haig (1987) conducted a survey of AIDS college health service priorities and policies. The Health Service Department from forty-seven Philadelphia area colleges were surveyed concerning (1) their judgment of how campus AIDS programs should ideally be run and (2) their institution's current activities related to the AIDS situation. In evaluating where to disseminate information, respondents expressed a clear preference for providing AIDS education to on-campus groups (students, faculty, staff, administration) over those less centrally related to the campus (e.g., trustees, alumni).

Respondents also expressed strong approval for providing special on-campus counseling for "risk groups" but preferred to refer individuals off campus for medical testing.

There were interesting discrepancies between the respondents' conceptualization of an ideal AIDS program and what had actually occurred on these campuses to date. Approximately two thirds of these institutions had received professional AIDS-related guidelines, established a campus AIDS Task Force, purchased and/or distributed brochures to the campus community, only one third of the institutions actually adjusted their counseling services, and even fewer had budgeted funds for the training of existing personnel. The authors suggested that subsequent research should be designed to clarify the sequence of events most likely to lead not only to increased consciousness about the AIDS threat on campuses but especially to the willingness to develop appropriate educational programs and policies. Any effective program, the authors added, must set as a primary goal the education of the entire campus community.

Sources of AIDS information and perceived expertise and trustworthiness (credibility) of such sources were evaluated among two hundred undergraduate students. The data showed that among undergraduate students, information pertaining to AIDS was acquired mostly from the electronic and printed media. Scientists and physicians were perceived as most credible; while clergy persons, reporters, and other groups of individuals were perceived by these students as the least credible. The study noted that further research is indicated to determine personal and behavioral characteristics that contribute to source credibility. Finally, presentation of AIDS information requires demonstration of expertise and trustworthiness in order for the information to be credible, usable, and effective. Utilization of professional identity is an important factor to take into consideration in developing educational programs (Ahia, 1987).

A research study conducted by Royse et al. (1987) explored how fear of AIDS may be associated with knowledge about AIDS and empathy towards people with AIDS, using a sample of 219 undergraduate and graduate students enrolled at the University of Kentucky. The effects of age, race, sex, and years of education on fear of AIDS were also examined. The findings highlighted the pervasiveness of the fear of AIDS. The respondents were fearful of AIDS, irrespective of their age, race, sex, and status (graduate and undergraduate). Finally, the findings noted the importance of knowledge (about AIDS) for reducing fear of AIDS and improving empathy for people with AIDS and suggested that professional schools should incorporate AIDS-related content in their courses and to prepare their students to help people with this disease by removing baseless, unfounded, and unrealistic fears.

Bouton et al. (1987) developed two scales: one for measuring attitudes toward the fear of AIDS and one for measuring attitude toward homosexuality. These scales were constructed using Thurstone's method of equal-appearing intervals. The scales were given to 528 students at the University of Texas in the fall of 1985 to determine the scales' respective reliabilities. Factor analyses were also completed in order to determine what factors underlie the attitudes measured by the two scales and to determine if the fear of AIDS and homophobia are in fact simply two facets of the same attitude: fear of homosexuals. The results suggested that the attitudes measured by the two scales are relatively independent of one another and do not represent a single underlying attitude. The study noted that there is little, if any, evidence to suggest that fear of AIDS is simply another way of expressing homophobia. The scales will be useful to research workers interested in variables that are influenced by the attitudes of the public toward AIDS or public health policy issues that are raised because of AIDS. Finally, the responses of this sample were from university students in a psychology class and may not be less than representative of the opinions of the public.

Wertz et al. (1987) conducted a study on knowledge and attitudes of AIDS-health care providers before and after AIDS education programs. An analysis of the responses of 1,247 health-care providers to questionnaires immediately before and after educational programs on AIDS noted significant improvements in accuracy of knowledge about seven of fifteen modes of transmission and seven of eleven means of infection control. A large percentage of the respondents, however, continued to believe after the programs that AIDS could be transmitted by casual contact (e.g., such as sharing a coffee cup).

Finally, at a one-month follow-up of 159 providers, it was noted that post-program changes in knowledge and attitudes were largely retained. The results pointed to the need for education at all levels of the health-care system and suggested that changes in knowledge are related to behavior change and that preexisting differences in knowledge and attitude need to be taken into account when developing AIDS education programs.

Caron et al. (1987) conducted a study on AIDS and the college student and the need for sex education. During the spring of 1987, 350 students at Syracuse University were interviewed using a one-page instrument that consisted of structured and open-ended questions regarding the student's opinion and knowledge about AIDS. Although the returns were not completely tabulated, the following is a list of the initial findings:

1. Most students exhibited a great lack of knowledge and factual data about AIDS.

2. Most students failed to see any relevance between ongoing media stories about the growing incidence of AIDS and their personal behavior.

3. The level of denial among students was high. They conveyed the conviction that they were personally immune from the disease.

4. There was a general unreadiness among students to deal pragmatically with the threat of AIDS in their lives.

5. Some students reported that AIDS was changing social attitudes regarding sexual and dating behavior (Caron et al., 1987:6).

The study concluded with the following recommendations for AIDS education on the college campus:

1. Provide factual information about the incidence and transmission of the AIDS virus.

2. Debunk myths about AIDS. Education about AIDS should describe high-risk behaviors and explain why engaging in such behaviors jeopardizes the health of individuals, as well as others.

3. Discuss options. Students should be made aware of the potential choices they have to provide varying levels of protections against the AIDS virus.

4. Discuss ethical issues. Responsible behaviors include taking adequate steps to protect oneself, discussing openly the risk between sexual partners, and not concealing significant information from sexual partners.

5. Present dramatization of effective coping behaviors. Brief plays and role-playing all provide opportunities to model responsible sexual behaviors (Caron et al., 1987:8).

Finally, the study noted that AIDS is present in the heterosexual population, as well as among homosexuals, and that students should have the necessary information and knowledge to make sound decisions for themselves and others (Caron et al., 1987:7).

Goodwin and Roscoe (1988) conducted a survey study of 496 undergraduates at a midwestern university during the fall of 1985. They surveyed the students' knowledge and attitudes concerning AIDS and the relationships between young people's acceptance of homosexual behaviors and their knowledge and fear of AIDS. The findings indicated that these students possessed moderate knowledge regarding AIDS prevalence, high-risk groups, modes of transmission, and symptoms of AIDS. The respondents demonstrated some concern (fear) about the transmission of AIDS and were highly nonaccepting of homosexual behavior. More males than females were found to possess negative attitudes toward homosexuality, and those who were highly accepting of homosexual behavior were least fearful of contracting the AIDS virus.

Finally, the study stressed the importance of offering AIDS education programs to college students and recommended that such education programs should include the following:

1. Efforts to clarify misconceptions and dispel myths regarding AIDS.
2. Disseminate accurate information relating to causes, symptoms, and modes of transmission of the disease.
3. To place special emphasis on reasons for fears and the importance of basing concerns on facts.

4. To provide materials and information on safer sexual practices (Goodwin and Roscoe, 1987:221).

The study provided suggestions for future research (e.g., to discern other college students' views on these issues; an elaboration on the issues examined in this study could result in a greater understanding of college students' views regarding AIDS) and that through AIDS education, successful actions can be taken to lessen individuals' risk of contracting AIDS (Goodwin and Roscoe, 1987:221).

Additionally, universities are holding conferences on organizing an institutional response to AIDS. Ohio State University (1987) held a conference for post-secondary educators interested in AIDS education on the college campus and discussed the following topics:

1. The AIDS epidemic from 1981 to 1991.
2. Establishing an AIDS committee on campus.
3. AIDS committee mission and functions.
4. AIDS committee recommendations and documents.
5. Responsibilities of institutions of higher education learning in the AIDS crisis.
6. Legislative perspective and recommendations on an institutional response to AIDS.
7. Clarifying the institution's role in AIDS education and prevention.
8. The role of Student Health and Personnel Health Services.

9. Implementation of a program: The Educational Trip for the Campus.

The conference concluded by noting that educational institutions which establish an AIDS committee and successfully implement policies and procedures can assume a leadership role in confronting the AIDS crisis.

The University of Alabama School of Public Health (1987) held a conference on AIDS prevention and policy issues. The topics covered at the conference are listed as follows:

1. AIDS education on the college campus
2. Legal implications on AIDS education
3. Public relations and AIDS education
4. Role of student health services

The purposes of these sessions were to identify: (1) strategies, effective methods, and resources for educating the campus populations including the faculty, staff, and students; (2) the current status of the law in dealing with AIDS and what specific steps a university can take that are based on the most credible body of scientific and legal knowledge at hand; (3) ways to effectively channel university resources and AIDS-related information to the community; and (4) the health care services and resources that can be organized for the campus through the health services department. The conference concluded by noting that,

> The threat of AIDS continues to affect increasing segments of the American population. It represents a growing challenge for college and university personnel. Policies dealing with the threat of AIDS and with persons with the disease must be developed and implemented fairly and wisely (University of Alabama, 1987:1).

In summary, it was evident from the review of literature that knowledge about AIDS has increased on the college campus recently. However, Biemiller (1987) noted that approximately three quarters of America's colleges and universities have not implemented AIDS education programs on campus. Colleges and universities need to conduct studies that will measure both knowledge and behavioral changes about AIDS and to maintain and disseminate accurate up-to-date information about AIDS to students, faculty, and staff.

Educational Programs and Activities

Institutions of higher education have developed AIDS curriculum and activities. In 1985, the State University of New York launched the first statewide college curriculum on AIDS. Designed by members of the School of Allied Health Professions at the University's Stony Brook campus, the course is intended to teach college students how to prevent AIDS and to reduce unnecessary anxiety about the disease. Coppola and Walton (1987) explained that field testing of the curriculum began at Stony Brook in October, 1985. To demonstrate that it could be used flexibly, it was tested in three different forms: a two-hour noncredit seminar given intermittently over a semester, a six-hour noncredit seminar given intermittently, and a fifteen-hour course for credit spanning an entire semester.

After a year of testing and evaluation, fifty of the sixty-four State University of New York (SUNY) campuses appointed facilitators to be trained in using the curriculum. All fifty campuses have since implemented the program in some form, adapting it to suit their own needs and constraints. By the most conservative estimates, it has reached 5,500 students and 300 faculty members. Stony Brook is expanding the curriculum well beyond the SUNY system. It has invited schools in the City University of New York system and private colleges statewide to send facilitators for training. Coppola and Walton (1987) concluded by noting that plans to expand the program to high schools are also in the planning stage.

Kodama (1987) explained the purpose of AIDS education at the University of California, Berkeley, is to decrease the spread of the AIDS virus and to create an informed and supportive campus environment for people with AIDS and those members of the community at increased risk. AIDS-related activities include the following:

1. Peer education.
2. Speakers' bureau.

3. Symposia and AIDS awareness weeks.
4. Telephone information line and individual consultations.
5. Educational materials and mass media campaigns.
6. Employee education.

The University of California, Berkeley, Student Health Services, developed an AIDS Education Practical Guide (Kodama, 1987). The Guide consists of the following topics:

1. AIDS and the campus community.
2. Principles of education for AIDS prevention.
3. Program planning.
4. A menu of AIDS education activities.
5. Educational materials.
6. Resources.

The information in the Guide was gathered during the University of California at Berkeley's first year of developing an AIDS education program. It is offered as a guide for other campuses in developing or expanding their AIDS education activities (Kodama, 1987).

The University of California, Irvine (1987), established an AIDS education project. A variety of educational programs and support services are offered to students, faculty, and staff. The University has also established a minorities and AIDS subcommittee to deal with the AIDS issues in the minority communities at the University. Finally, they are also working with a variety of community agencies to provide education and information across Orange County, California (Souleles, 1987).

California State University, Long Beach, has an established AIDS education project. The University recently established an AIDS Information-on-Line (Wolitski, 1987). This computer program is accessible to students on campus via any one of the several hundred terminals and may also be accessed from off campus via dial-up modem. Three features of the program merit particular attention. The first, and most popular, is the "Ask an Expert" section, which allows users to ask personal anonymous questions pertaining to AIDS. These are answered by members of the staff within seventy-two hours of being received. The second feature is an AIDS knowledge quiz "Test Your AIDS Knowledge," which allows the user to test himself/herself regarding basic AIDS facts, receive a percentage score, and then be given the correct answer with an explanation for those items he/she missed. The final feature of note is the automatic user tracking system that provides information about each user: time of log-on and log-off, whether the user is new or old, which menu selections were made and how long the user stayed in each, and the user's responses to all items on the AIDS Knowledge Quiz. Wolitski (1987) noted that the menus and informational sections can be easily modified and updated by word processor to suit the needs of each college campus.

Under a cooperative agreement with the Centers for Disease Control, the American College Health Association conducted four regional training workshops on AIDS prevention in higher education in the spring of 1988. The workshops, sponsored by a host campus with each region, provided a two-day, intensive "train-the-trainer" sessions for college staff and students. The workshop curriculum was developed by a national review panel of AIDS education experts, the American College Health Association AIDS Task Force, and regional representatives. The format ensured nationally consistent high standards and provided for adaptability to the special concerns of school within each region (American College Health Association, 1988).

The American College Health Association and Centers for Disease Control workshops have been established to help colleges and universities prevent new infection with the Human Immunodeficiency Virus (HIV) by: (1) fostering support for positive behaviors that reduce the risk of infection; (2) providing support for those who are infected with HIV; and (3) promoting an informed, sensitive, and consistent message to the campus community. The following is a list of the workshop's objectives:

1. Draft a campus-specific action plan.
2. Provide members of their campus community with current, accurate information on AIDS and HIV.
3. Identify programming needs of their campus.
4. Identify and obtain appropriate educational materials.
5. Evaluate the effectiveness of their program.
6. Establish contact and increase coordination among colleges and community groups.

The materials, information, and exercises at the workshops enabled the team (one staff person and one student representative from each college) to draft an action plan that identified AIDS prevention strategies tailored to the specific needs of the team's campus. The action plan included an outline of practical programming goals and methods (American College Health Association, 1988).

The American College Health Association is a non-profit organization serving the interests of professionals and students in health and higher education. The association is a national leader in developing programs and materials on AIDS education for colleges and universities. The workshops are part of a continuing Centers for Disease Control-sponsored project to increase the number of colleges and universities that conduct effective, ongoing AIDS prevention programs (American College Health Association, 1988).

Finally, the American College Health Association (1986) and the National Education Association (1987) are a few of the national associations that have developed AIDS curriculum for higher education. The Centers for Disease Control has added an AIDS School Health Education subfile as part of the Combined Health Information Database (CHID) and contains descriptions of programs, curricula, guidelines, policies, regulations, and materials on AIDS education.

In summary, the review of literature revealed many working AIDS curriculum models for colleges and universities. It is important for colleges and universities to share information so one does not have to reinvent the wheel each time an AIDS education program is developed. The American College Health Association (1986) suggests that institutions set priorities for AIDS education programming to fit specific financial and time limitations, to network so that institutions are not working in isolation and can provide support to each other, to develop regional spearkers' bureaus and lists of people who are already doing AIDS education, and to know where to send for written materials, audio-visual films, and brochures. For additional information on AIDS educational programs, activities, and topics for AIDS education programs, see Appendix A.

Educational Materials

Literature dissemination involves research, collecting and/or developing brochures, flyers, and posters on AIDS and related topics and making them widely available on campus. Kodama (1987) noted the following considerations to keep in mind when researching and selecting AIDS information literature:

> 1. People respond to different kinds of literature. In order to reach a diverse campus population, it may be necessary to disseminate AIDS information that is targeted in a variety of ways (e.g., towards women, ethnic minorities, or workplace issues).
>
> 2. Be aware that much AIDS literature contains explicit language about sexual behavior and drug use. Make sure that selected literature is acceptable to campus administration to avoid public relations problems. Be prepared to argue for the necessity of clearly-worded prevention-oriented materials.
>
> 3. In many cases, student groups have fewer restrictions than campus departments on the type of materials they distribute, so they can be encouraged to select and distribute literature that provides an alternative perspective.
>
> 4. Develop a brochure or flyer describing AIDS education activities, AIDS-related services on campus (medical, counseling, advising), and community resources. This will help with the program's visibility and establish the campus as a viable source for AIDS information (Kodama, 1987:18).

National organizations and private agencies have developed a number of informational educational materials that institutions of higher education may want to have on hand to help answer questions on AIDS education. The following is a list of AIDS educational materials produced jointly by the Public Health Service and the American Red Cross (1987b):

AIDS and Your Job--Are There Risks?
--Appropriate for use in the work environment

AIDS, Sex, and You
--A general information brochure appropriate for the work and home environments

Facts about AIDS and Drug Abuse
--Examines the link between drug abuse and AIDS. Appropriate for the work and home environments.

If Your Test for Antibody to the AIDS Virus is Positive
--An explanation of the antibody test and the implications of a positive test result. Appropriate for the work and home environments.

Gay and Bisexual Men and AIDS
--A discussion of AIDS specifically geared for gay and bisexual men. Appropriate for the work and home environments.

AIDS and the Safety of the Nation's Blood Supply
--A discussion of the AIDS antibody test and its use in screening the nation's blood supply. Appropriate for work and home environments.

In addition, the Public Health Service has developed the following AIDS educational materials:

Surgeon General's Report on AIDS--October, 1986

Facts about AIDS (Koops, 1986)

The following is a list of brochures available from the San Francisco AIDS Foundation (1987):

AIDS in the Workplace: A Guide for Employees
--A discussion of the fact that AIDS cannot be transmitted in the work environment. Appropriate for work and home environments.

Women and AIDS
--A discussion of AIDS specifically geared for women. Appropriate for the work and home environments.

When a Friend has AIDS
--This brochure provides suggestions for friends, family, or loved ones of people with AIDS or ARC.

Alcohol, Drugs, and AIDS
--A discussion of the links between the use of alcohol and drugs, damage to the immune system, and increased susceptibility to the AIDS virus.

Straight Talk about Sex and AIDS
--A safer sex brochure for heterosexual people.

Additionally, there are audio-visual AIDS educational materials that are appropriate for college students, faculty, and staff as listed below:

About AIDS
--This film focuses on the medical side of AIDS. The approach is rational, nonalarmist, and informative for the general public (Pyramid, 1987).

AIDS Alert
--This video begins and ends with statements by Dr. Keeling of the American College Health Association on why everyone needs to know about AIDS (Focus International, 1987).

AIDS: Fears and Facts
--This video from the United States Public Health Service answers the most frequently asked questions about AIDS (Modern Talking Picture Service, 1987).

AIDS: What Everyone Needs to Know
--This film surveys the facts and debunks the myths about AIDS (Churchill Films, 1986).

Beyond Fear
--This American Red Cross series consists of three parts:

"The Virus"
--Using computer-generated graphics, this segment illustrates the effectiveness of the virus that causes AIDS.

"The Individual"
--This segment identifies who is at risk of AIDS and how AIDS is and is not transmitted.

"The Community"
--This program shows how some cities are meeting the needs of both patients and the public (Modern Talking Picture Service, 1986).

In summary, educational materials related to AIDS education fall into three basic groups: (1) printed materials: this included textbooks, journal articles, newsletters, booklets, brochures, pamphlets, and posters; (2) audio-visual materials: films, videos, and slides; and (3) computer-software materials. There seems to be no end to the material being generated to educate students, faculty, and staff about the dimensions and severity of AIDS. Yet many important messages are either not being received or acted upon (Darrow, 1987). Since there is a rich supply of educational materials for students, faculty, and staff in higher education, a more detailed list of these materials has been developed for the purpose of this study and is located in Appendix A.

Institutional Services

Community colleges are established to offer educational opportunities to youth and adults in the community, and the broad objectives of community college student health services are to contribute toward those educational aims. A primary function is assisting the students to become increasingly able to maintain health for themselves, their family, and their community (Health Services Association, 1987).

Medical, counseling, and advising services have been identified as important services that should be provided to students, faculty, and staff when implementing a comprehensive AIDS education program on campus. Keeling (1986), Kodama (1987), Souleles (1987), Biemiller (1985, 1987), Health Services Association (1987), The National Educational Association (1987), Caruso and Haig (1987), and the American College Health Association (1986) have all discussed the importance of offering not only AIDS education programs, but to also provide needed medical/ health services and to adjust counseling/advising services in order to start answering students, faculty, and staff concerns on AIDS-related issues.

The Health Services Association of the California Community Colleges (1987) recently developed a comprehensive health services plan. The scope of student health services shall include the following components:

1. Clinical health services--emergency care, health assessment and screening, communicable disease control, and record keeping and evaluation.

2. Health and psychological counseling services --mental health: group therapy, crisis intervention; lifestyle counseling, sexuality; AIDS prevention, referral and followup, and record keeping and evaluation.

3. Health education and promotion--outreach: health fairs, seminars, workshops, liaison with community agencies, communications to include verbal, written, and display racks, individual health education, orientation and community publicity, referral and followup, and record keeping and evaluation.

4. Environmental health and safety--dealing with accidents and liabilities, accident and insurance reporting, correction of safety hazards on campus, referral and followup, and record keeping and evaluation.

5. Referral services--to develop a network of referral services in the community. To include medical, educational, and psychological referrals in the community. To include people with AIDS, AIDS-related complex, and positive HIV antibody tests, and any interested student, faculty, or staff that seeks referral sources in the community (Health Services Association, 1987:3).

The literature noted that professional personnel in student and health services areas have special need for accurate and current information about AIDS and AIDS-related issues on the college campus. For that matter, any person who is involved with AIDS education needs to be provided with educational sessions so that they may have the benefit of all current information as well as time to talk about their own concerns in dealing with AIDS-related issues (American Council on Education, 1987).

Kodama (1987) emphasized that a comprehensive approach to AIDS requires a variety of services for students, faculty, and staff on the college campus. These AIDS-related services are listed below:

1. Education on AIDS facts and behavior-change strategies.

2. Health and medical services for people with AIDS, ARC, and the "worried well."
3. Counseling and advising services.
4. Appropriate referral services in the community.

Finally, health services should compile and centralize information about campus and community services related to AIDS to network with campus departments and community agencies providing AIDS education and services to avoid duplication of services and to make information accessible to students, faculty, and staff with AIDS-related concerns (Kodama, 1987).

The Los Angeles Community District has been without health services since 1980. It was evident from the review of literature that the district needs to establish an AIDS task force committee. This committee can then begin to perform a needs assessment in the district. This includes assessing what the nine campuses need in AIDS education and in what form, assessing existing services and resources that can assist in program development.

Kodama (1987) provided an overview of basic program planning techniques applicable to AIDS education on campus. These program planning techniques included: (a) know the campus population, (b) know what is already available on or near the campus, (c) know your institution, (d) develop institutional support, (e) establish an AIDS advisory committee, (f) identify resources, (g) set priorities and select activities, and (h) program evaluation.

Since the Los Angeles Community College District does not have health services, this does not allow the district to demonstrate its leadership in addressing AIDS-related concerns with students, faculty, and staff. This study will be a valuable resource to the district for it provides the necessary information in order to establish a comprehensive AIDS education program, presents a strong rationale for the district to consider reestablishing health services on the campuses, and increases awareness of the legal implications that can arise with AIDS-related issues on the campus.

In summary, Keeling (1986:124) emphasized that a college or university is part of a large community, and "it is important that each institution, through its health service, maintain effective relationships with local health care agencies." These relationships provide the opportunity for the institution to demonstrate its leadership in addressing the issues which the AIDS crisis confronts in each community. For the purpose of this study, a listing of appropriate institutional services is presented in Appendix A.

Resources

There is a tremendous amount of valuable resources that colleges and universities can utilize when implementing AIDS education on the college campus. There are national, state, and local organizations and agencies. These agencies and organizations--national, state, and local--provide for a means for AIDS education and prevention programs to interact in a creative exchange of questions and answers and experiences.

National Organizations

American College Health Association
15879 Crabbs Branch Way
Rockville, MD 20855
Richard Keeling, M.D., (301) 963-1100

Centers for Disease Control
Public Health Service
Atlanta, GA 30333
(404) 329-3534
HOTLINE: 1-800-342-AIDS

United States Public Health Service
HOTLINE: (general information)
1-800-342-2437
HOTLINE: (specific information)
1-800-447-AIDS
Atlanta, GA 30333

AIDS Action Council
Federation of AIDS-Related Organizations
1115½ Independence Avenue, S.E.
Washington, D.C. 20003
(202) 547-3101

American Red Cross
AIDS Education Office
1730 D Street, N.W.
Washington, D. C. 20006
(202) 737-8300

National AIDS Network
729 Eighth Street, S.E.
Suite 300
Washington, D. C. 20003

Minority Task Force on AIDS
New York City Council of Churches
475 Riverside Drive
Room 456
New York, NY 10115
(212) 749-1214

National Gay Task Force
80 Fifth Avenue, Suite 1601
New York, NY 10011
(212) 741-5800 or 1-800-221-7044

National Association of People with AIDS
P. O. Box 65472
Washington, D. C. 20035
(202) 483-7979

State Organizations

California State Department of Education
Health Education Program
721 Capitol Mall
Sacramento, CA 94222-2720
Amanda Dew Mellinger (916) 322-5420

Department of Health and Human Services
Region IX--Office for Civil Rights
50 United Nations Plaza
San Francisco, CA 94102
Richard Robertson, AIDS Coordinator (415) 556-8708

California Department of Health Services
Office of AIDS
Sacramento, California
Thelma Frazier, Chief

State of California
Department of Fair Employment and Housing
Documents and Publications
P. O. Box 1015
4675 Watt Avenue
North Highlands, CA 95660

Local Organizations

AIDS Project Los Angeles (APLA) provides education to the public, health-care providers, educators, business and religious leaders, the media, public officials, and other opinion leaders. APLA is also involved in educating and cooperating with a wide range of organizations and individuals in AIDS-related services provision and supports efforts at all levels of public and private sectors to secure adequate development and finance of AIDS research, education, and human service programs. Finally, APLA provides basic necessities for people with AIDS such as food, shelter, and transportation; financial counseling and legal, medical, and dental assistance are also available. Individual counseling, support groups, and social services are offered as well (AIDS Project Los Angeles, 1988).

The Edmund D. Edelman Health Center provides free and anonymous AIDS testing. The Center also provides medical evaluations for people who have symptoms of AIDS. The Center provides educational programs on how to reduce the risk of developing AIDS (Edelman Health Center, 1987).

Minority AIDS Project provides educational programs to motivate black gay and bisexual men to develop responsible attitudes and behaviors regarding transmission of the HIV virus. Activities include seminars to promote knowledge and behavioral change, networking, and collaboration with other local and regional AIDS programs (Minority AIDS Project, 1987).

The Los Angeles Public Health Department, AIDS Education Program, provides current AIDS-related health statistics and has a health program coordinator who provides AIDS education programs free of charge to the public and private institutions of education. Additionally, the Department provides for networking of educational materials among institutions of higher education (AIDS Education Program, 1987).

A sudden energy of public and professional interest in AIDS is being fueled by national and international trends centering on the issues of self-help, prevention, education, and health promotion (California Department of Health Services, 1987). An additional list of these national, state, and local organizations and agencies is provided in Appendix A.

In summation, the literature emphasized the importance of university and college health services to take the lead and an active role in providing AIDS education to their students, faculty, and staff. Biemiller (1985) noted that university health services have begun to respond to questions and fears about AIDS by developing AIDS education programs and related services and that educators in college and university health services and other settings need to maintain and disseminate accurate up-to-date information about AIDS.

The American College Health Association (1986) recommends that the organization and completion of effective educational programs about AIDS be an activity of the "highest priority" for all institutions of higher learning. Biemiller (1987:32) noted that vigorous and effective AIDS education programs have been established at some institutions and stated that:

> More than three quarters of the nation's colleges and universities have done little or nothing to reach their students with information about how the AIDS virus is transmitted.

It was evident from the literature review that a national AIDS education policy has been developed. However, the national funding in order to assist schools, colleges, and universities to implement the policy has not transpired. There has been some funding of educational programs, but more is needed. The various media (e.g., radio, television, newspapers) have overstressed that the AIDS virus is primarily associated with several "high-risk groups" (e.g., homosexuals and intravenous drug users). By using this terminology, instead of "high-risk behaviors" as suggested by Koops (1986), people who do not identify themselves as being in these high-risk groups falsely believe that they are not at risk for contracting the AIDS virus. Finally, there is no cure for AIDS at the present time. Bowen (1987:ii) emphasized the importance of AIDS education, stating that "in the balance of a cure or a vaccine for AIDS, the only method for controlling the spread of the disease is to educate the American public about the ways to protect themselves from infection."

It has been over seven years since the discovery of the AIDS virus. The time is well overdue for universities and colleges to take an active role in providing AIDS education for students, faculty, and staff and the community. Institutes of higher education have a moral obligation to provide AIDS education within the campus community.

Chapter 3

PROCEDURES AND METHODOLOGIES

All the community colleges (see Appendix B) in the state of California were included in this case study. Appropriate AIDS-related services for the students, faculty, and staff in the Los Angeles Community College District and a practical guide of AIDS policies, guidelines, topics for educational programs, AIDS activities, and resources were drawn from a careful review of the literature. These services and materials identified in Chapter 2 and, in specific instances, were accounted for in the final chapters.

Questionnaire

The questionnaire (see Appendix D) contained questions grouped into three broad classes: (1) institutional information; (2) AIDS policies, activities, and related services; and (3) institutional research information. The questionnaire consisted of twenty-one multiple choice questions. Most answers were closed-form, but there were a few open-ended questions. The majority of the questions probably could have been answered without reference to records or research.

The questionnaire was pretested by the following group of experts for content (comprehensiveness and AIDS educational information), grammar, format, wording, and design: Richard J. Wolitski, coordinator of the AIDS Education Project at California State University, Long Beach, and his associates on the AIDS Education Project.

As a result of the experts' comments, a number of questions were simplified, eliminated, added, or modified. The questions seemed to be valid because none of the educators on whom the questionnaire was pretested failed to understand the information being elicited. The fact that some of the questions used in the questionnaire were from instruments developed by other researchers added to the reliability of the questionnaire.

Administration of the Questionnaire

The Chancellor's Office of the California Community College provided a list containing all those California Community Colleges that provided health services and the name and address of each college's health services administrator/coordinator. An individually typed, personally addressed, and signed letter was sent to each identified administrator/coordinator at each college explaining the purpose of the study, describing the questionnaire and the extent of their involvement and assuring complete confidentiality of institutional information (see Appendix C). This mailing also included the questionnaire and a postage-paid return envelope. For those colleges that did not have health services, the Chancellor's Office provided the name and address of the director of institutional research and planning and the identical procedure for the health service administrator/coordinator was followed when mailing the questionnaire.

If a response was not received within three weeks, there was a follow-up mailing with another letter, questionnaire, and envelope. As a result, 106 usable questionnaires were returned by the final deadline. This is a response rate of 100 percent.

Data Analysis

Data were tabulated and analyzed by the following methods: content analysis, measures of central tendency, frequency distribution, and percentage. Frequency distributions and percentages were used to analyze the responses to questions. These two methods were used to determine if there were any differences which can be attributed to institutional or program attributes. Content analysis and measures of central tendency were used to analyze open-ended questions. Throughout the discussion of the findings, tables are used to present the data.

Chapter 4

PRESENTATION OF RESULTS

All the respondents, 100 percent of the 106 California Community Colleges that received questionnaires, returned usable questionnaires by the established deadline date. This chapter presents the results of the survey and is divided into six sections. The first section presents data on current student enrollment, the second section outlines AIDS policies and guidelines information, the third section reports AIDS activities, the fourth section presents an outline of AIDS-related services, the fifth section presents data on institutional research, and the sixth section outlines the educational impact of AIDS education and related services in the institutions.

Student Enrollment

Analysis of the information provided by the respondents indicated that institutions with less than 10,000 students accounted for 55 percent of the total student enrollment in the California Community Colleges and that institutions with more than 10,000 students accounted for the remaining 45 percent of the total student enrollment in the colleges. Detailed information on student enrollment is presented in Table 1.

Table 1

California Community College Student Enrollment

Current Enrollment	F	%
1 - 4,999	22	20.76
5,000 - 9,999	36	33.96
10,000 - 14,999	21	19.81
15,000 - 19,999	15	14.15
20,000 - 24,999	6	5.66
More than 25,000	6	5.66
Total (N = 106)	106	100.00

AIDS Policies and Guidelines

The California Community Colleges have established AIDS Advisory Committees on campus. However, only 21 percent of the colleges have an AIDS Advisory Committee, 16 percent of the colleges are in the planning stage in establishing this committee, and 63 percent do not have a committee. According to data presented in Table 2, 16 percent of the colleges have established an AIDS Task Force on the campus, while 14 percent are in the planning stage and 70 percent have not created an AIDS Task Force on campus. Approximately two-fifths of the colleges have either established an AIDS Advisory Committee or Task Force on the college campus. AIDS policies and guidelines have typically been developed from these types of groups in the colleges and universities nationwide.

Table 2

Established AIDS Committee or Task Force
(N = 106)

Item	Yes		No		PS[a]	
	F	%	F	%	F	%
Advisory Committee	22	21	67	63	17	16
Task Force	17	16	74	70	15	14

[a] PS = Planning Stage

As shown in Table 3, the colleges reported that 28 percent had received the AIDS guidelines from the American Council on Education; and of these colleges, 21 percent have discussed the guidelines with faculty and staff. Additionally, 32 percent of the colleges had received the American College Health Association AIDS guidelines, and 32 percent have discussed the guidelines with faculty and staff. Table 3 indicates that two-thirds of the colleges received either the American Council on Education or the American College Health Association AIDS guidelines; and of these colleges, approximately one-half have discussed the guidelines with faculty and staff. The American Council on Education and the American College Health Association's AIDS guidelines provide institutions of higher education with a framework in developing institutional AIDS policies and guidelines.

Table 3

ACE and ACHA AIDS Guidelines

Item (N = 106)	Yes		No	
	F	%	F	%
Received AIDS Guidelines				
American Council on Education (ACE)	30	28	76	72
American College Health Association (ACHA)	34	32	72	68
Discussed AIDS Guidelines with Faculty and Staff				
American Council on Education (ACE)	22	21	84	79
American College Health Association (ACHA)	34	32	72	68

Table 4 indicates that approximately one-quarter of the colleges have established AIDS policies and guidelines and about one-half of the colleges are in the planning stage of establishing AIDS policies and guidelines on the college campus.

Table 4

AIDS Policies and Guidelines

Item ($\underline{N}$ = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
AIDS Policies	27	26	32	30	47	44
AIDS Guidelines	27	26	32	30	47	44

[a] PS = Planning Stage

AIDS Activities

Analysis of the information provided by the respondents (as shown in Table 5) indicated that AIDS educational activities are being provided in the colleges. Approximately 64 percent of the respondents offer AIDS Referral Services; 52 percent have established an AIDS Information Resource Center; 59 percent have provided campus media on AIDS: 34 percent have established an AIDS Telephone Information Service; 51 percent provide individual AIDS consultations; 9 percent have trained student leaders; 42 percent have presented AIDS outreach presentations in the community; 11 percent have developed Peer Education Volunteer Programs; and 66 percent have offered special AIDS campus events.

It was evident from the analysis of Table 5 data that the California Community Colleges provide a measure of AIDS activities on the college campus. About

Table 5

AIDS Activities on the College Campus

Item (N = 106)	Yes		No	
	F	%	F	%
Referral Service	68	64	38	36
AIDS Resource Center	55	52	61	48
AIDS Campus Media	62	59	54	41
Telephone Information Service	36	34	80	66
Individual Consultations	54	51	62	49
Training for Student Leaders	10	9	96	91
Outreach Presentations	44	42	72	58
Peer Education Volunteer Programs	12	11	94	89
Special AIDS Campus Events	70	66	36	34

20 percent of the respondents also indicated that they provided speakers from the community to come on campus to discuss AIDS education for the students, faculty, and staff. It is important for colleges to present a variety of AIDS educational activities on campus. In order to gain knowledge about AIDS transmission and prevention measures, institutions of higher education need to present this type of information over and over again to alleviate the myths and fears associated with AIDS. One campus event, seminar, or presentation will not provide the impetus to change unsafe sexual behaviors.

Respondents listed the titles of AIDS printed and audio-visual materials currently in use on campus. Not surprisingly, the colleges listed materials produced by the American Red Cross, Public Health Service, San Francisco AIDS Foundation, local departments of health, and numerous producers of age-appropriate audio-visuals on AIDS transmission and prevention.

AIDS-Related Services

One purpose of the survey was to discover the current AIDS-related services being offered in the colleges. It was rewarding to note that all of the colleges perceived a need to offer AIDS education to students, faculty, and staff (see Table 6).

Table 6

Perceived Need of AIDS Education

Item (N = 106)	Yes		No	
	F	%	F	%
Students	106	100	0	0
Faculty	106	100	0	0
Staff	106	100	0	0

It was interesting to note that although 100 percent of the colleges perceived a need to offer AIDS education to faculty, students, and staff; only one-half of the colleges actually provided seminars/workshops for the faculty and about the same number actually provided seminar(s)/workshop(s) for the college staff (see Table 7).

Table 7

AIDS Seminars/Workshops

Item (N = 106)	Yes		No	
	F	%	F	%
Faculty	54	50	53	50
Staff	57	54	49	46

Approximately 17 percent of the colleges provided training of campus staff in order to implement AIDS education programs on the college campus, and 15 percent of the colleges were still in the planning stage. It was interesting to discover that two-thirds of the colleges are not actively engaged in providing AIDS education training for the college staff, and only a few have either budgeted or planned to budget new personnel in order to implement AIDS educational programs on campus (see Table 8).

It is essential that campus efforts include AIDS educational programs for the entire student population, including the gay student population who may be at a greater risk in becoming infected with the AIDS virus. Any effective program must set as a primary goal the education of the entire campus community.

Table 8

Budgeting and Training of Staff

Item (N = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
Budgeting of Staff	2	2	101	95	3	3
Training of Staff	18	17	72	68	16	15

[a] PS = Planning Stage

Approximately 21 percent of the colleges have a gay caucus on campus or are in the planning stage (see Table 9).

Table 9

Established Gay Caucus

Item (N = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
Gay Caucus on Campus	20	19	84	79	2	2

[a] PS = Planning Stage

Counseling and testing persons who are infected or at risk for acquiring AIDS is an important component of prevention strategy. Most of the estimated 1.5 million infected persons in the United States are unaware that they are infected with AIDS. The primary purposes of counseling and testing are to help uninfected individuals initiate and sustain behavioral changes that reduce their risk of becoming infected and to assist infected individuals in avoiding infecting others. All persons who consider themselves at risk for HIV infection should be counseled and referred for testing for the HIV antibody.

Analysis of data shown in Tables 10 and 11 indicate that 40 percent of the colleges are offering or planning to offer counseling specifically geared toward persons at risk for AIDS, and 27 percent of the colleges have adjusted or planning to adjust counseling services in implementing AIDS education on the college campus.

Table 10

AIDS Counseling

Item (N = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
Counseling Specifically Geared toward Persons at Risk for AIDS	29	28	64	60	13	12

[a] PS = Planning Stage

College health prevention policy to reduce the transmission of HIV infection can be furthered by an expanded program of screening and testing for the HIV antibody, but the extent to which these programs are successful depends on the level of participation. There is still a great deal of controversy on the college campuses as to whether or not to refer requests for the test to qualified anonymous testing centers. The reason

Table 11

College Counseling Services

Item (N = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
Adjusted Counseling Services in Implementing AIDS Education on Campus	13	12	77	73	16	15

[a]PS = Planning Stage

for this is the importance of confidentiality of the individual and the test results. Many persons in the health service office come in contact with student health records and the students may be reluctant to be tested on the college campus for fear that their records may not be kept confidential. Persons are more likely to participate in screening and testing programs if they believe that they will not experience negative consequences in areas such as employment and school admission. Only 18 percent of the colleges provided screening and testing for AIDS for students, faculty, and staff (see Table 12).

An important component of a comprehensive AIDS program on the college campus is to provide medical referrals to qualified medical centers. It is essential to the success of the AIDS education program that persons are not subjected to inappropriate discrimination. Approximately 85 percent of the colleges provided medical

Table 12

Screening/Testing for AIDS

Item (N = 106)	Yes		No	
	F	%	F	%
Students	19	18	87	82
Faculty/Staff	19	18	87	82

referrals to qualified medical centers for students, faculty, and staff (see Table 13).

Table 13

Medical Referrals

Item (N = 106)	Yes		No	
	F	%	F	%
Students	87	82	19	18
Faculty	79	75	27	25
Staff	78	74	28	26

As Table 14 indicates, approximately one-quarter of the colleges also listed AIDS-related services for students, faculty, and staff. The colleges listed several AIDS-related services that were offered to students, faculty, and staff. Primarily, 22 percent of the colleges offered other AIDS-related services to the students than discussed previously; and 6 percent of the colleges offered AIDS-related services to the faculty and staff.

Table 14

AIDS-Related Services

Item (N = 106)	Students		Faculty		Staff	
	F	%	F	%	F	%
AIDS-Related Services	23	22	7	6	7	6

It was interesting to note that approximately 20 percent of the colleges have placed condom vending machines in both the men's and women's restrooms on campus. Another service deemed important by the colleges was to incorporate AIDS education into a health awareness week on campus.

Other colleges have developed one- to three-unit courses on AIDS prevention and transmission. Important AIDS-related services were identified by the colleges for faculty and staff. These services included inservice education on AIDS prevention and transmission and counseling services for the "worried well." Finally, the colleges had invited AIDS experts from the community to speak on campus to students, faculty, and staff regarding AIDS prevention, transmission, homophobia, and myths and fears about AIDS.

Of the 106 California Community Colleges, 34 do not have health services for students, faculty, and staff. Traditionally, college health services have taken the professional responsibility for health education on the campus. The college health service must respond to the AIDS crisis by continuing to provide education to the campus community. It was evident that the California State University and the University of California systems have relied on the health service on the campus to be a major force in implementing the universities' AIDS policy and guidelines. This has been partly the same response in the California Community Colleges; that is, for those colleges that do have health services. Analysis of the data provided by the colleges indicated that colleges with health services, by far, are providing many more AIDS-related services and activities for the campus community. College and university students are considered important targets for education about AIDS because studies have shown them to have relatively high levels of sexual activity and potential for multiple sexual partners. Health service personnel and other health educators in college and university settings play an important role in providing appropriate AIDS information to the campus community.

Institutional Research

It is important to assess for knowledge and behavioral changes before and after AIDS educational presentations. In general, exposure to AIDS educational materials should lead to an increase in knowledge about AIDS. Another important variable that should also be measured is behavioral change. It is important for universities and colleges to conduct periodic research on AIDS educational presentations. This allows for an objective evaluation of the materials and realization that one presentation is insufficient to increase and retain knowledge on AIDS prevention and transmission. AIDS education consists of repeated and varied materials on AIDS transmission and prevention and an objective evaluation of the same.

An analysis of the information provided by the colleges indicated that only a few of the colleges have conducted any research in order to measure for knowledge and behavioral change before and after an AIDS education presentation; and none of the colleges conducted any preliminary results of any AIDS-related health services. Only one college had conducted preliminary results of other AIDS-related services as presented in Tables 15 and 16, respectively.

In order to implement AIDS education programs on the college campus, funding for these programs, services, and activities must be considered. Information provided by the colleges (see Table 17) indicated that those colleges with established AIDS policies and guidelines were provided with funds to begin to implement the college's recommendations. However, only 24 percent of the colleges reported receiving funding for AIDS-related services, programs, and activities.

Table 15

AIDS Program Research

Item (N = 106)	Yes		No	
	F	%	F	%
Survey of Behavioral and Knowledge Change	6	6	100	94

Table 16

Results of AIDS Health Services and AIDS-Related Services

Item (N = 106)	Yes		No		PS[a]	
	F	%	F	%	F	%
Results of AIDS Health Services	0	0	102	96	4	4
Results of AIDS-Related Services	1	1	101	95	4	4

[a] PS = Planning Stage

Educational Impact

One of the purposes of this study was to ascertain the educational impact AIDS education and related services were likely to have on the California Community Colleges. A clear theme was that institutions in communities with a high prevalence of reported AIDS cases were, for the most part, more actively involved in planning for the impact of AIDS on campus, i.e., developing AIDS

Table 17

Funding Sources

Item (N = 106)	Yes		No	
	F	%	F	%
State	3	3	103	97
Federal	0	0	0	0
District	6	6	100	94
Other	15	15	91	85

policies, guidelines, counseling services, educational programs, seminars, providing health services, screening and medical referrals, distributing pamphlets, and providing other AIDS-related activities and services. However, that does not preclude colleges in communities with a low incidence of reported AIDS cases in providing a comprehensive AIDS program to the campus community. The colleges reported a favorable response in providing AIDS education to the campus community. It was evident that the colleges are in their infancy in developing and implementing a comprehensive AIDS educational program to include AIDS policies, guidelines, health services, counseling services, educational activities, and conducting research on these programs and services.

In summary, the comments from the colleges included the noted priority of providing students, faculty, and staff with a variety of AIDS educational programs/seminars on the prevention and transmission of AIDS. Currently, one-half of the students enrolled in California institutions of higher education are enrolled in California Community Colleges. Many of the institutions reported that a major stumbling block in providing more AIDS-related activities and services was the lack of funding. However, district administrators and boards of trustees are beginning to provide the necessary leadership and insight and beginning to provide funding to implement a more comprehensive AIDS educational and prevention program for the college community.

Chapter 5

INTERPRETATIONS, CONCLUSIONS, AND RECOMMENDATIONS

Summary and Interpretation of Results

The purposes of this study were: (1) to discover the current AIDS policies, educational programs, and related services offered to the students, faculty, and staff in the 106 California Community Colleges; (2) to determine what educational impact AIDS education and related services were likely to have on the California Community Colleges; (3) to identify appropriate related services for the students, faculty, and staff in the Los Angeles Community College District; and (4) to develop a practical guide of AIDS policies and guidelines, a listing of AIDS educational programs, activities, materials, and appropriate AIDS organizations and agencies.

Established AIDS Policies and Guidelines

The findings were that about one-quarter (26%) of the colleges had established AIDS policies and guidelines, while approximately one-half (44%) were in the planning stage in developing AIDS policies and guidelines. The national average for all institutions of higher education having established AIDS policies and guidelines was 19 percent. More specifically, the national average for established AIDS policies and guidelines for community colleges is only 8 percent. Although 37 percent of the colleges had established an AIDS committee or task force on campus, approximately two-thirds of the campuses have not created an AIDS committee or task force. The literature noted that AIDS committees and task forces are needed on the campus to provide the impetus and recommendations for AIDS education and the campus community.

Additionally, the colleges reported that approximately one-third had received AIDS guidelines from the American Council on Education and the American College Health Association, and about all of these colleges had discussed the AIDS guidelines with their faculty and staff. It is important for colleges to have the latest up-to-date medical and legal facts when developing an institutional AIDS policy and guidelines along with local statutes and recommendations from the Centers for Disease Control as well as keeping current with all the latest facts and recommendations for AIDS prevention programs and activities.

AIDS Activities

While at least two-thirds of the colleges reported that AIDS-related activities were being provided in the colleges for students, faculty, and staff; colleges must continue to provide a variety of activities utilizing a multidimensional approach and delivery system and the information over and over again in order to change sexual behaviors that place an individual at risk. It was well documented in the literature that a few AIDS educational presentations are not sufficient in changing unsafe sexual behaviors and thus reducing the chance for the transmission of AIDS.

AIDS-Related Services

It was interesting to note that all the colleges perceived a need to offer AIDS education for their students, faculty, and staff. The high response rate to the survey questionnaire (100%) demonstrated the interest and concerns about the impact of AIDS on the college campus. However, a significant discrepancy did exist between perceiving a need for AIDS education on the college campus and what steps the colleges had actually taken in planning or implementing AIDS-related services.

Approximately one-half of the colleges have offered AIDS seminars/workshops for faculty and staff. Only a few of the colleges adjusted budgeting of staff to implement the seminars/workshops, and a small number of the colleges actually provided for the training of staff to implement AIDS programs on the campus.

Also noted by the colleges was the relatively small number of established gay caucuses on campus. Health services may wish to work cooperatively with the gay and lesbian organizations that exist on the college campus and in communities in promoting greater awareness about AIDS from a rational rather than an inflammatory perspective.

Most of the responding colleges reported an interest in developing AIDS programs; however, only about one-quarter of the colleges had provided counseling specifically geared toward persons at risk for AIDS, and only a few of the colleges actually adjusted counseling services in implementing AIDS education on the campus.

While only a few of the colleges offered screening and testing for AIDS on campus, a greater number of colleges provided medical referrals to qualified medical centers for students (82%) and faculty/staff (75%). College and university health services should be familiar with local sources of testing for HIV antibody and should refer students, faculty, and staff requesting tests. When testing is provided on the college campus, health care personnel should understand the capabilities and limitations of the HIV antibody test and should be able to counsel and educate individuals who seek testing. Additionally, health care coordinators must be familiar with state and local laws and public health requirements regarding charting of results, release of confidential information, and reporting of test results. The literature pointed out that whether the tests are performed through the campus health services or not, testing should be done if and only if: (1) the tests can be strictly confidential or anonymous, (2) positive results on the screening test are confirmed by another procedure, and (3) both pretest and posttest counseling are a mandated part of the screening and testing program.

Institutional Research

It was evident from the responses of the colleges that only a few colleges had conducted surveys of behavioral and knowledge change in evaluating program effectiveness. Additionally, none of the colleges had evaluated the effectiveness of AIDS health services, and only one college of the 106 had conducted an evaluation of AIDS-related services. AIDS program evaluation can be used to periodically check on changing campus needs and the extent to which activities are meeting those needs. Additionally, mid-year and/or year-end evaluations can summarize the overall effectiveness of the programs in reaching educational objectives. Research and evaluation data can be used to plan future objectives and activities and can provide information to justify program activities and funding to campus administration. Only a small number of the colleges reported receiving funds for AIDS-related services, programs, and activities.

AIDS program evaluation has been typically composed of the following: (1) qualitative data from program staff, the advisory committee, and students as to their perception of the efficacy of the program; (2) program utilization statistics, including numbers of students, staff, and faculty reached through outreach presentations and numbers of written materials distributed; (3) pre- and posttests from workshops, seminars, and lectures, gauging the extent of knowledge change attributable to educational activities; and (4) participant evaluation of educational activities.

Impact of AIDS Education

The concern and interest about the impact of AIDS on the college campus was demonstrated by the high response rate to the survey questionnaire. The majority of the 106 California Community Colleges were involved with providing AIDS education to the campus community. While some colleges were just beginning to address this education need, other colleges were developing a multi-faceted approach to AIDS education. Many of the colleges reported a great deal of student, faculty, and staff involvement and recognized the complexity of the AIDS issue. Many colleges established links with other campus or community programs.

In summary, the discussion of AIDS raises many volatile and potentially controversial issues. Part of the art of doing AIDS education is steering a course between societal, and possibly institutional, reluctance to discuss sexuality, drug use, and death as well as the very real need for honest, clear information on AIDS prevention. Thus, AIDS education can be highly political in nature. It can also be emotionally charged and present a particular challenge to the emotional strength of people who do AIDS work. Collegial networks should help to alleviate the discouragement that may be a natural response to dealing with an epidemic of this kind. Many individuals working with AIDS-related issues have formed support groups. It is vital to recognize that working with AIDS educational issues involves working with issues that may be difficult personally and professionally.

Conclusions

Examination of the data led to the following conclusions:

1. AIDS education on the California Community College campuses for the students, faculty, and staff is, for the most part, still in the beginning stages.

2. All of the colleges perceive a need to offer AIDS education to the entire campus community.

3. Although some colleges are providing a comprehensive AIDS educational program, others are still fragmented in their approach to AIDS education.

4. Of the 106 California Community Colleges, seventy-two of the colleges have health services. The remaining thirty-four colleges are without health services and are at a distinct disadvantage in attempting to provide a comprehensive AIDS educational program.

5. Although it has been well documented as to the importance of establishing an AIDS committee and/or task force, only 37 percent of the colleges have established either an AIDS committee and/or AIDS task force on the college campus.

6. Although AIDS education on both transmission and prevention methods are important, many of the colleges have not adjusted for budgeting and training of staff in order to implement these programs.

7. Services to students, faculty, and staff are undeveloped. To have a comprehensive and valid AIDS education program on the college campus, certain services must be provided to the campus community such as: one-to-one counseling and advisement, general health services, a multimodal approach to providing a wide range of AIDS activities, and the support of administrators to develop and implement these services to their utmost effectiveness.

8. There is an abundance of AIDS materials: directives for developing policies and guidelines; performing a needs assessment; curriculum materials; national, state, and local agencies and other colleges to share strategies and materials; and a rich supply of resources. Ideally, by networking with the myriad of organizations available to the colleges, AIDS education on the colleges will not happen in a vacuum, but must be supported by a sound and strong educational program for the entire campus community.

9. No institute of higher education can afford not to be involved with the health and welfare of its students, faculty, and staff.

Implications for the Improvement of Practice

Few institutions of higher education can afford not to be involved and concerned about the health educational needs of its campus community. Health educators and other health service personnel in college and university settings could play an important role in providing appropriate AIDS information to the entire campus population. The results identified services to the students, faculty, and staff that were underdeveloped. These services included counseling and advising, health services to include screening and referrals to qualified medical centers, and other support services as deemed important.

Education is currently considered as the best method of preventing the spread of AIDS on the college campus. In developing a campus-wide program to respond to the AIDS epidemic, it is important to remember that despite considerable media attention, there is still a good deal of misinformation, myths, fear, and prejudice operating in regard to AIDS. Only appropriate, accurate, timely, and sensitive educational programs can combat these issues and problems in the institutions. The cure for AIDS is not foreseen in the immediate future. This makes it imperative that campus communities join others in trying to prevent the spread of the disease and planning for long-term campus education.

Based upon the findings of the survey, the following actions are recommended:

1. A concerted effort should be made by health service personnel in the California Community Colleges to network with the American College Health Association, the American Council on Education, and the Centers for Disease Control to keep up-to-date on AIDS medical knowledge, AIDS-related issues, and concerns on the college campus.

2. The Los Angeles Community College District Board of Trustees should consider reestablishing health services on the nine campuses to (a) include the minimum of a public health nurse at each campus and (b) provide

the necessary support personnel in establishing and maintaining this service.

3. The Los Angeles Community College District Board of Trustees should provide inservice training for all counselors, advisors, health science, and health occupational instructors on AIDS transmission and prevention.

4. The Los Angeles Community College District Board of Trustees should require each college to conduct a needs assessment of each campus to include (a) a survey of students, faculty, and staff AIDS knowledge and (b) to provide the necessary funding in order to implement a comprehensive AIDS education program for the entire nine campuses and the district office personnel.

5. The Los Angeles Community College District Board of Trustees should require each campus to develop a campus-wide comprehensive AIDS education program and require each campus to submit a quarterly report as to the effectiveness of the campuses' AIDS educational efforts.

Strategies for Improvement, Implementation, for Diffusion

The results of the study will be sent to each of the participating colleges and to the American College Health Association/AIDS Project. The findings and the AIDS Practical Education Guide developed from the survey and review of the literature will be presented to the Los Angeles Community College District Board of Trustees to be considered for adoption in the district.

A copy of the study will be sent to the appropriate Educational Resource Information Center (ERIC) Clearinghouse. Articles will also be prepared for journals pertaining to health education and notices of availability of the study will be sent to other professional journals. Efforts will be made to present papers at meetings of professional associations, such as the American College Health Association seminars, World Health seminars, community outreach programs, health education seminars, college health service seminars, and regional and national conferences of educators.

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APPENDIXES

APPENDIX A

PRACTICAL AIDS EDUCATION GUIDE

Development of AIDS Policies and Guidelines

The role of the Centers for Disease Control (CDC) in the development of recommendations and guidelines on acquired immunodeficiency syndrome (AIDS) evolves from a tradition that originates in the earliest editions of the *Morbidity and Mortality Weekly Report* (MMWR). While CDC's recommendations have always been published and available in the public domain, the traditional audience of such information has been the medical and public health communities. Because of the situations they addressed, however, the school attendance, health care workers, and workplace guidelines broadened the intended audience to include educators, employers, policymakers, and the general public. The CDC will continue refining its existing guidelines, focusing on the basic AIDS prevention strategies of education, information, counseling, and appropriate testing.

The following lists important guidelines for institutes of higher education:

1. Centers for Disease Control. "Recommendations for Preventing Transmission of Infection with HIV in the Workplace." *Morbidity and Mortality Weekly Report*, November 15, 1986.

2. Centers for Disease Control. "Recommendations for Prevention of HIV Transmission in Health-Care Settings." Morbidity and Mortality Weekly Report, November 11, 1987c.

3. Centers for Disease Control. "Guidelines for Effective School Health Education to Prevent the Spread of AIDS." Morbidity and Mortality Weekly Report, January 29, 1988.

4. Centers for Disease Control. "Human Immunodeficiency Virus Infection in the United States: A Review of Current Knowledge." Morbidity and Mortality Weekly Report, December 18, 1987. Supplement.

Ordering information: The Centers for Disease Control. Morbidity and Mortality Weekly Report is available through:

Massachusetts Medical Society
C. S. P. O.
Box 9120
Waltham, MA 02254-9120

American College Health Association AIDS Policies and Guidelines

The Task Force on AIDS of the American College Health Association (1988) has completed a revision of the "General Statement on Institutional Response to AIDS," a document which provides important guidelines for institutions of higher education in confronting the challenges of the epidemic of HIV infection. The task force undertook this revision to improve the format and style of the statement, to keep it consistent with current medical information, and to add important new recommendations concerning a comprehensive institutional response. The American College Health Association's recommended policies are listed below:

1. Application of the guidelines apply to all students and employees
2. Transmission information relevant to policies
3. Guidelines for institutional policy: general policies, institutional committees, handicapping conditions, admissions, attendance, access to facilities, residential housing, medical care, HIV antibody testing, confidentiality of information, safety precautions, and support services--

American College Health Association
15879 Crabbs Branch Way
Rockville, Maryland 20855
(301) 963-1100

Additional AIDS policies and guidelines referral sources are listed below:

Acquired Immunodeficiency Syndrome
Legal and Regulatory Policy
Harvard School of Public Health
Harvard University
Cambridge, MA 02138

Labor Law Reports
Employment Practices
Commerce Clearing House, Inc.
4025 West Peterson Avenue
Chicago, Illinois 60646

AIDS on the College Campus
American College Health Association
Special Report
15879 Crabbs Branch Way
Rockville, Maryland 20855

Law, Medicine and Health Care
AIDS Update--Special Report
Volume 14:5-6
December 1986

AIDS Education on the College Campus
A Practical Guide
Health Promotion Office
381 Coweel Hospital
Student Health Service
University of California at Berkeley 94720
(415) 642-7202

AIDS Practice Manual: A Legal and Educational Guide
National Gay Rights Advocates
National Lawyers Guild
211 Gough Street, Suite 311
San Francisco, California 94102
(415) 862-8884

Additional legal references include:

AIDS Policy and Law
Baraff Publications, Inc.
1231 - 25th Street, N.W.
Washington, D. C. 20037
(202) 452-7889
--A biweekly periodical on legislation, regulation, and litigation concerning AIDS.

AIDS: The Workplace Issues
American Management Association
P. O. Box 1026
Saranac Lake, New York 12983
(518) 891-5510

AIDS: Resource Material (2nd ed.)
Bureau of National Affairs
1-800-327-1033

State of California
Department of General Services
Department of Fair Employment and Housing
Documents and Publications
P. O. Box 1015
4675 Watt Avenue
North Highlands, California 95660

Office of AIDS Discrimination
David Schulman, Deputy District Attorney
1600 City Hall East
200 North Main Street
Los Angeles, California 90012
(213) 485-4579

American Civil Liberties Union of Southern
California
230 East 17th Street, Suite 219
Costa Mesa, California 92627
(714) 631-4460

Senate Education Committee
Karen L. Lowery, Consultant
Community Colleges: AIDS Education AB 3032
State Capitol
Sacramento, California 95814
(916) 445-2522

AIDS Educational Programs

Curriculum References

The approach of existing AIDS education curricula is varied. Some curricula have a strong medical/technical approach; others stress health behaviors, social/ethical issues, abstinence, and "safe sex." All classroom materials should be reviewed before use with the realization that some concepts may not be current. The instructor should make corrections concerning those concepts if the material is to be used in the classroom. In general, the most recently produced materials should be most accurate.

Curricula should be directed toward influencing the behaviors of people who do not believe themselves to be at risk of exposure. Ideally, these programs should be carried out in a warm, supportive environment that invites open discussions. Programs should be conducted by educators who are knowledgeable about sexual issues and comfortable with open discussion. The following topics should be considered when planning and/or developing educational programs about AIDS for college students:

1. Provide factual information about the incidence and transmission of the AIDS virus
2. Debunk myths about AIDS
3. Discuss options such as "safe sex" and "safer sex"
4. Discuss ethical issues
5. Provide for evaluation of the presentation

Medical, Psychological, and Social Implications of AIDS: A Curriculum for Young Adults
Stony Brook
SUNY AIDS Education Project
School of Allied Health Professions
SUNY--Stony Brook
Stony Brook, New York 11794-8204

AIDS Education on the College Campus
Health Promotion Office
381 Cowell Hospital
Student Health Service
University of California
Berkeley, California 94720

AIDS in the Workplace
San Francisco AIDS Foundation
333 Valencia Street
San Francisco, California 94102
(415) 864-4376

AIDS: What Young Adults Should Know
AAHPRED
1900 Association Drive
Reston, Virginia 22091
(703) 476-3400

AIDS Targeted: Information Newsletter
Public Policy: Social, Ethical, and Legal Concerns
Williams and Wilkins
P. O. Box 23291
Baltimore, Maryland 21203
1-800-638-6423

Presidential Commission on the Human Immunodeficiency Virus Epidemic
James D. Watkins, Admiral, United States Navy, Chairman
655 - 15th Street, N.W., Suite 901
Washington, D. C. 20005
(202) 245-2437

AIDS and the College Student: The Need for Sex Education
Latino Culture and Sex Education
SIECUS Reports
New York University
32 Washington Place
New York, New York 10003

Center for Health Promotion and Education
Division of Health Education
AIDS School Health Education Subfile
Combined Health Information Database (CHID)
Centers for Disease Control
Atlanta, Georgia 30333
(404) 329-3492

An AIDS Intervention Curriculum for Gay and Bisexual Men
Health Values, 11(3): May/June 1987

Ohio AIDS Education Package
Ohio State Department of Health and Education
Division of Health Promotion and Education
245 North High Street
Columbus, Ohio 43266-0588

Criteria for Evaluating an AIDS Curriculum
National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, Massachusetts 02116
(617) 357-8507

AIDS Information/Education Plan to Prevent and Control AIDS in the United States
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333

American College Health Association
AIDS Project
15879 Crabbs Branch Way
Rockville, Maryland 20855
(301) 963-1100

AIDS Activities References

AIDS on the College Campus
American College Health Association
Special Report
Task Force on AIDS
15879 Crabbs Branch Way
Rockville, Maryland 20855
(301) 963-1100

AIDS Education on the College Campus
A Practical Guide--Menu of AIDS Activities
Health Promotion Office
Student Health Service
University of California
Berkeley, California 94720

AIDS Education Project
California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, California 90840
(213) 494-7508

AIDS Education Project
University of California
Irvine, California 92717

AIDS Education Materials/ Resources

Books.

AIDS: The Ultimate Challenge. Elizabeth Kubler-Ross. Macmillan Publishing Co., 1987.

AIDS ... A Virus that Doesn't Discriminate: A Resource Guide. Randy Kraft and Elizabeth Randall-David. Florida Association of Pediatric Tumor Programs, 1987.

The AIDS Epidemic. James I. Slaff. Warner Books, 1985.

AIDS: Facts and Issues. Victor Gong. Rutgers University Press, 1986.

AIDS from the Beginning. Helen Cole & George Lundbers (Eds.). American Medical Association, 1986.

AIDS Hysteria. Arthur Frederick Ide. Monument Press, 1986.

AIDS: Impact on Public Policy. R. F. Hummel, W. F. Levy, M. Rampolla & S. Chorost (Eds.), 1986.

AIDS: The Deadly Threat. Alvin Silverstein & Virginia Silverstein. Enslow Publishers, 1986.

AIDS in the Mind of America: The Social, Political, and Psychological Impact of a New Epidemic. Dennis Altman. Anchor Press/Doubleday, 1986.

AIDS in the Workplace: A Supervisory Guide. National Safety Council, 1986.

AIDS: Etiology, Diagnosis, Treatment, and Prevention. V. T. DeVita (Ed.). J. B. Lippincott Company, 1985.

The AIDS Medical Mystery. Frederick Siegel. Grove Press, 1983.

AIDS, Your Questions Answered. Richard Fisher. Gay Men's Press, Alyson Publications, 1984.

The AIDS Book: Information for Workers. AFL-CIO, Service Employees International Union, 1986.

AIDS Public Policy Dimensions. John Griggs (Ed.), United Hospital Fund, 1987.

Epidemic of Courage. Lon Nungresser. St. Martin's Press, 1986.

The Gay Past: A Collection of Historical Essays. S. Licata & R. Peterson (Eds.), New York: Harrington Park Press, 1985.

Maximum Immunity. Michael Weiner. Houghton-Mifflin, 1986.

Mobilizing Against AIDS: The Unfinished Story of a Virus. Institute of Medicine, National Academy of Sciences. Harvard University Press, 1986.

The Plague Years: A Chronicle of AIDS. The Epidemic of Our Times. David Black. Simon & Schuter, 1986.

The Question of AIDS. Richard Liebmann-Smith. New York: Academy of Sciences, 1985.

The Person with AIDS: Nursing Perspectives. Jerry Durham & Felissa Cohen (Eds.), 1987.

Preventing AIDS: A Guide to Effective Education for the Control of HIV Infection. Nicholas Frudenberg. School of Health Education Programs. Hunter College, 1988.

Responding to the AIDS Epidemic: Constitutional, Legal, and Social Policy Issues. Center for the Study of Law, Science, and Technology. Arizona State College of Law, 1986.

The Screaming Room. Barbara Peabody. Oaktree Publications, 1986.

Sex and Germs. Cindy Patton. South End Press, 1985.

Sex, Schools, and the Law. Fernand N. Dutile. Springfield, Illinois, 1986.

The Truth about AIDS: Evolution of an Epidemic. Ann Fettner & William Cheek. Holt, Rinehart & Winston, 1985.

Understanding and Preventing AIDS: A Book for Everyone. Chris Jennings, 1985.

Journals, Periodicals, and Newsletters.

AIDS Patient Care: A magazine for health care professionals.

Health Link: The nation's education for health newsmagazines.

Journal of American College Health

Journal of School Health

Health Education Quarterly

Law, Medicine, and Health Care

Morbidity and Mortality Weekly Report

Sex Information and Education Council of the United States (SIECUS).

Booklets, Pamphlets, and Poster References.

American College Health Association
Educational Materials Catalog
15879 Crabbs Branch Way
Rockville, Maryland 20855
(301) 963-1100

AIDS--All: Life/Health Centers of America
P. O. Box 1451
Lake Worth, Florida 33460

AIDS Project Los Angeles
7362 Santa Monica Boulevard
West Hollywood, California 90046
(213) 876-8951

American Red Cross
AIDS Public Education Program
1730 East Street
Washington, D. C. 20006
(202) 639-3223

Centers for Disease Control
AIDS Activity
1600 Clifton Road, Building 6, Room 292
Atlanta, Georgia 30333
(404) 329-2384

AIDS Education--AIDS Program Office
Department of Health Services
Los Angeles, California
(213) 730-3613

California State University, Long Beach
AIDS Project
1250 Bellflower Boulevard
Long Beach, California 90840
(213) 494-7508

Channing L. Bete Company, Inc.
South Deerfield, MA 01373

The Claremont Colleges
Health Education/CUC
175 East Sixth Street
Claremont, California 91711
(714) 621-8000

United States Public Health Service
American Red Cross
Public Health Service
Centers for Disease Control
Atlanta, Georgia 30333
1-800-342-AIDS

University of California, Berkeley
Health Promotion Office
Student Health Service
University of California
Berkeley, California 94720

United States Department of Health and Human Services
Public Health Service
Surgeon General's Report on AIDS
Centers for Disease Control
Atlanta, Georgia 30333
1-800-342-AIDS

San Francisco AIDS Foundation
333 Valencia Street, Fourth Floor
San Francisco, California 94103
(415) 864-4376

Computer Software References.

Computerized AIDS Information Network
1213 North Highland Avenue
Hollywood, California 90038
(213) 464-7400

CA Career AIDS
20417 Nordhoff Street
Dept. HA87
Chatsworth, California 91311
(818) 341-2535

AIDS Education for Health Care Workers
Instructional Software Program
Medi-Sim
660 South 4th
P. O. Box 13267
Edwardsville, Kansas 66113
(913) 441-2881

AIDS Education Project
AIDS-Info On Line
California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, California 90840
(213) 494-7508

Audiovisual References.

General:

AIDS and the American Family
Medical Action Group
517 East Main
Chanute, Kansas 66720
(316) 431-0140

AIDS Education Program
EduTech Courseware, Inc.
7801 East Bush Lake Road, #350
Minneapolis, MN 55435
(612) 831-0445

AIDS: Facts and Fears, Crisis and Controversy
Lucerne Media
37 Ground Pine Road
Morris Plains, NJ 07950
1-800-341-2293

AIDS: Fears and Facts
The National Audiovisual Center
Order Section GA
8700 Edgewood Drive
Capitol Heights, MD 20743

AIDS--Profile of an Epidemic
WNET/PBS Program
220 Shrewsbury Avenue
Red Bank, NJ 07701

AIDS: Tracking the Mystery
The National Audiovisual Center
8700 Edgewood Drive
Capitol Heights, MD 20743

AIDS: What Everyone Needs to Know
Churchill Films
662 North Robertson Boulevard
Los Angeles, California 90069
1-800-334-7830

The AIDS Movie
New Day Films
2 Riverview Drive
Wayne, NJ 07470
(201) 633-0212

The AIDS Show
Epstein/Adair Co-Productions
2051 Third Street
San Francisco, California 94170
(415) 864-6714

Beyond Fear
Modern Talking Picture Service
5000 Park Street N.
St. Petersburg, FL 33709
(813) 541-7571

Nobody's Immune
The National Audiovisual Center
Customer Service Section
8700 Edgewood Drive
Capitol Heights, MD 20743

No Sad Songs
Filmakers Library
13 East 58th Street
New York, NY 10022
(212) 355-6545

Shanti Project: Videotape
Training Materials
Shanti Project
525 Howard Street
San Francisco, CA 94105
(415) 777-2273

VD: More Bugs, More Problems
Alfred Higgins Production
9100 Sunset Blvd.
Los Angeles, California 90069
(213) 272-6580

Without Defenses
811 Marigny
New Orleans, LA 70117

Health Care Provision:

AIDS: Care Beyond the Hospital
San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
(415) 861-3397

AIDS and the Health Care Worker
Cornet/MTI Film and Video
108 Wilmot Road
Deerfield, IL 60015
1-800-621-2131

Direct Risks of AIDS Transmission
AIDS Traning Resources
Professional Risk Management of California, Inc.
2020 Milvia Street, #404
Berkeley, CA 94704

An Institutional Response to AIDS
Carle Medical Communications
510 West Main Street
Urbana, IL 61801
(217) 384-4838

Overcoming Irrational Fear of AIDS
Carle Medical Communications
510 West Main Street
Urbana, IL 61801
(217) 384-4838

HIV Positive Status:

Counseling the HIV Antibody
Positive Patient
Los Angeles County Medical Society
1925 Wilshire Boulevard
Venice, CA 90057
(213) 483-1581

Disabled Adults:

AIDS and the Mentally Disabled
New Jersey State Health Department
CN 360, Room 100
Trenton, NJ 08625
(609) 984-2194

Multi-Cultural:

AIDS, Questions and Answers
Community TV Networks
1 East Hubbard, 5th Floor
Chicago, IL 60611
(312) 645-0766

People with AIDS:

Living with AIDS
Carle Medical Communications
510 West Main Street
Urbana, IL 61801
(217) 384-4838

Living with AIDS
National Center for Homecare
Education and Research
350 Fifth Avenue
New York, New York 10018
(212) 560-3300

Public Service Messages:

AIDS Celebrity PSAs
Highland Laboratories
National AIDS Network
1012 - 14th Street, N.W., Suite 601
Washington, D. C. 20005

Psychosocial Issues

The Other Crisis: AIDS and Mental Health
USCF AIDS Health Project
Box 0884
San Francisco, CA 94143
(415) 476-6430

Psychosocial Interventions in AIDS
Carle Medical Communications
510 West Main Street
Urbana, IL 61801
(217) 384-4838

Public Policy Issues:

AIDS: An Overview with Dr. Harold Jaffe
National Institute of Corrections
Information Center
1790 - 30th Street
Boulder, CO 80301
(303) 444-1101

AIDS: Medical Education for the Community
MED-ED Productions of MSI, Inc.
Box 1629
West Chester, PA 19380
(215) 436-8881

Life, Death, AIDS
Films, Inc.
5547 North Ravenswood
Chicago, IL 60640
(312) 878-2600

Safe Sex:

Chance of a Lifetime
Gay Men's Health Crisis
P. O. Box 272
132 West 24th Street
New York, New York 10011
(212) 807-6664

On the Safe Side
Minnesota AIDS Project
2025 Nicollett Avenue, #200
Minneapolis, MN 55404
(612) 870-7773

Colleges and Universities:

The AIDS Dilemma: Higher Education's Response
American College Health Association
15879 Crabbs Branch Way
Rockville, Maryland 20855
(301) 963-1100

Women:

AIDS, Women and Sexuality
Multi-Focus, Inc.
1525 Franklin Street
San Francisco, CA 94109

Workplace:

AIDS and the Health Care Workers
AIDS and Food Handlers
California Medical Association
44 Gough Street
San Francisco, CA 94120
(415) 863-6622

AIDS and Your Job
National Audiovisual Center
8700 Edgewood Drive
Capitol Heights, MD 20743
(301) 763-1896

An Epidemic of Fear
San Francisco AIDS Foundation
333 Valencia Street, Fourth Floor
San Francisco, CA 94103
(415) 864-4376

When Facts are not Enough
AHA Order Processing Department
4444 West Ferdinand
Chicago, IL 60624
1-800-621-6712

Additional AIDS Audiovisual Resources:

Safe Sex--Sexually Transmitted Disease
Women with AIDS
Films for the Humanities and Sciences, Inc.
P. O. Box 2053
Princeton, NJ 08543
1-800-257-5126

About AIDS
Pyramid
P. O. Box 1048
Santa Monica, CA 90406
1-800-421-2304

AIDS Alert
Focus International
14 Oregon Drive
Huntington Station, NY 11746
1-800-843-0305

Approaching the Topic of AIDS
Discussing Health Care and AIDS
AIDS, Women and Sexuality
AIDS, Men and Sexuality
Living with AIDS Related Conditions
Multi-Focus
1525 Franklin Street
San Francisco, CA 94109
(415) 673-5100

Too Little, Too Late
Fanlight Productions
47 Halifax Street
Boston, MA 02130
(617) 524-0980

Institutional Services

The psychosocial consequences of actual or feared HIV infection are such that colleges and university students and employees may experience enough suffering to impair their health, interfere with academic or work performance, cause extreme psychological distress, disrupt plans, and cripple relationships. Psychological, emotional, and spiritual health may also be important allies for people with established HIV infection according to the American College Health Association.

The American College Health Association recommends the following: that all institutions develop easily and widely available support services through which concerned persons can receive counseling, assistance in locating and using social resources, and referral for further assistance. Often these needs may be met through existing student services or employee-assistance programs or by identifying community-based resources for referrals.

Support Services.

AIDS education inservice training for students and staff

Counseling services--personal counseling and advising

Health services

Disabled student services

Referral services in the community

Psychological counseling referral services

Anonymous AIDS testing site referrals

Medical referrals

National Organizations

AIDS Action Council
729 - 8th Street, S.E.
Suite 200
Washington, D. C. 20003
(202) 547-3103

AIDS Information Exchange
U.S. Conference of Mayors
1620 I Street, N.W.
Washington, D. C. 20006
(202) 293-7330

AIDS Information
U.S. Public Health Services
200 Independence Ave., S.W.
Washington, D. C. 20201
(202) 245-6867

American Cancer Society
777 Third Avenue
New York, New York 10017
(212) 371-2900

American College Health
Association
15879 Crabbs Branch Way
Rockville, MD 20855
(301) 963-1100

American Foundation for
AIDS Research (AmFAR)
9601 Wilshire Blvd.
Los Angeles, CA 90210
(213) 273-5547

American Health Foundation
Ford Foundation Building
320 East 42nd Street
New York, NY 10017
(212) 953-1900

American Hospital Assn.
AIDS Activities
840 No. Lakeshore Dr.
Chicago, IL 60611
(312) 280-6130

American Management Assn.
135 West Fiftieth Street
New York, NY 10020
(212) 586-8100

American Medical Assn.
535 North Dearborn Street
Chicago, IL 60610
(312) 645-5000

American Psychological
Assn.
1200 - 17th Street, NW
Washington, D. C. 20036
(202) 955-7600

American Public Health
Assn.
1015 Fifteenth St., NW
Washington, D. C. 20005

American Red Cross
17th & D Streets, NW
Washington, D. C. 20006
(202) 737-8300

Centers for Disease Control
AIDS Task Force
1600 Clifton Road
Atlanta, GA 30333
(404) 329-2891

Coalition Clearinghouse
1615 H Street, NW
Washington, D. C. 20062
(202) 463-5970

The Documentation of AIDS
Issues and Research
Foundation, Inc. (DAIR)
2336 Market Street, Suite 33
San Francisco, CA 94114
(415) 928-0292

Gay Rights National Lobby
P. O. Box 1892
Washington, D. C. 20013
(202) 546-1801

Lambda Legal Defense and
Education Fund
132 West 43rd Street
New York, NY 10036
(212) 944-9488

National AIDS Network
729 - 8th Street, S.E.
Washington, D. C. 20003
(202) 546-2424

National Coalition of Gay
Sexually Transmitted
Disease Services
P. O. Box 239
Milwaukee, WI 53201

National Gay Task Force
1517 U Street, N.W.
Washington, D. C. 20009
(202) 332-6483

National Hemophilia
Foundation
Soho Building
110 Green St., Room 406
New York, NY 10012
(212) 219-8180

National Institute of
Allergy and Infectious
Diseases
AIDS Bibliography
9000 Rockville Pike
Building 5, Room 135
Bethesda, MD 20205

National Institute of
Drug Abuse
5600 Fishers Lane
Rockville, MD 20857
(202) 443-6500

National Lesbian and Gay
Health Foundation
P. O. Box 65472
Washington, D. C. 20035
(202) 797-3708

United States Conference of
Local Health Officers
1620 I Street, N.W.
Washington, D. C. 20006
(202) 293-7330

United States Conference of
Mayors
Health Program
1620 I Street, N.W.
Washington, D. C. 20006
(202) 293-7330

State Organizations (California)

Berkeley Gay Men's Clinic
2339 Durant Avenue
Berkeley, CA 94704
(415) 548-2570

Pacific Center AIDS
Project
P. O. Box 908
Berkeley, CA 94701
(415) 548-8283

AIDS Response Program
Gay & Lesbian Community
Service Centers
12832 Garden Grove Blvd.
Garden Grove, CA 92643
(714) 534-0862

California Department of
Health Services
AIDS Activities
P. O. Box 160146
Sacramento, CA 95816
(916) 445-0553

Sacramento AIDS/KS
Foundation
900 K Street, #103
Sacramento, CA 98514
(916) 488-2437

AIDS Health Project
333 Valencia Street
Fourth Floor
San Francisco, CA 94117
(415) 626-6637

AIDS InterFaith Network
890 Hayes Street
San Francisco, CA 94117
(415) 558-9644

Hospice of San Francisco
225 - 30th Street
San Francisco, CA 94141
(415) 285-5622

Lesbian & Gay Health Services
Coordinating Committee
San Francisco Department of
Public Health
101 Grove Street
San Francisco, CA 94102
(415) 558-2541

People with AIDS/SF
1040 Ashbury, #5
San Francisco, CA 94117
(415) 665-3787

San Francisco AIDS Foundation
333 Valencia Street
Fourth Floor
San Francisco, CA 94103
(415) 864-4376

Shanti Project
890 Hayes Street
San Francisco, CA 94117
(415) 558-9688

Westside Community Mental Health Center
1153 Oak Street
San Francisco, CA 94117
(415) 431-9000

AIDS Foundation of Santa Clara County
715 North First Street
San Jose, CA 95112
(408) 298-2437

Tri-County AIDS Task Force
300 San Antonio Road
Santa Barbara, CA 93110
(805) 967-2311

Network Publications
ETR Associates
1700 Mission Street
Suite 203
P. O. Box 1830
Santa Cruz, CA 95061

Local Organizations

AIDS Project Los Angeles
937 North Cole Avenue
Los Angeles, CA 90038
(213) 871-2437

Aid for AIDS
8235 Santa Monica Blvd.
West Hollywood, CA 90069
(213) 656-1107

AIDS Hospice
4455 Los Feliz Blvd.
Suite 706
Los Angeles, CA 90027
(213) 661-1664

Department of Health Services
County of Los Angeles
3834 South Western Ave.
Room 223
Los Angeles, CA 90062
(213) 703-3613

American Civil Liberties Union
Southern California
633 Chateau Place
Los Angeles, CA 90005
(213) 487-1720

Los Angeles Office of the City Attorney
AIDS Discrimination Unit
200 North Main Street
Los Angeles, tA 90012
(213) 485-4579

AIDS Consortium
AIDS Education Program Office
3834 South Western Avenue
Los Angeles, CA 90062
(213) 730-3618

Long Beach AIDS Service Group
2025 East 10th Street
Long Beach, CA 90804
(213) 439-3948

AIDS Project
California State University, Long Beach
1250 Bellflower Blvd.
Long Beach, CA 90804
(213) 494-7508

Southern California
Mobilization Against AIDS
1428 North McFadden Place
Los Angeles, CA 90028
(213) 463-3928

Minority AIDS Council
5882 West Pico Boulevard
Los Angeles, CA 90019
(213) 936-4949

AIDS Alternative Test Sites

Edmund D. Edelman Health Center
1213 North Highland
Hollywood, CA 90038
(213) 464-7400

Edward R. Roybal Comprehensive Health Center
245 South Fetterly Avenue
Los Angeles, CA 90022
(213) 260-3035

Ruth Temple Health Center
3834 South Western Avenue
Los Angeles, CA 90062
(213) 730-3838

Valley Community Clinic
5648 Vineland Avenue
North Hollywood, CA
(818) 763-5963

Telephone Hotlines

Nationally Sexually Transmitted Disease Hotline:
1-800-227-8922
1-800-982-5883

Public Health Service
Centers for Disease Control:
1-800-342-AIDS
1-800-447-AIDS

National Gay Task Force:
1-800-221-7044

Project Inform:
1-800-822-7422
1-800-334-7422

National Institute on Drug Abuse:
1-800-662-HELP

STD National Helpline:
1-900-227-8922

AZT and Related Drugs:
1-800-843-9388

APPENDIX B

STUDY PARTICIPANTS

STUDY PARTICIPANTS AND THEIR RESPECTIVE COMMUNITY COLLEGE DISTRICT

College	Community College District
Alameda, College of	Peralta CCD
Allan Hancock College	Allan Hancock Joint CCD
American River College	Los Rios CCD
Bakersfield College	Kern CCD
Barstow College	Kern CCD
Butte College	Butte CCD
Cabrillo College	Cabrillo CCD
Canada College	San Mateo County CCD
Canyons, College of the	Santa Clarita CCD
Cerritos College	Cerritos CCD
Cerro Cosa Community College	Kern CCD
Chabot College	South County CCD
Chaffey College	Chaffey CCD
Citrus College	Citrus CCD
Coastline Community College	Coast CCD
Columbia College	Yosemite CCD
Compton Community College	Comptom CCD
Contra Costa Community College	Contra Costa CCD
Cosumnes River College	Los Rios CCD
Crafton Hills College	San Bernardino CCD
Cuesta College	San Luis Obispo CCD
Cuyamaca College	Grossmont-Cuyamaca CCD
Cypress College	North Orange County CCD
De Anza College	Foothill-De Anza CCD
Desert, College of the	Coachella Valley CCD
Diablo Valley College	Contra Costa CCD
East Los Angeles College	Los Angeles CCD
El Camino College	El Camino CCD
Evergreen Valley College	San Jose CCD
Feather River College	Peralta CCD
Foothill College	Foothill-De Anza CCD
Fresno City College	State Center CCD
Fullerton College	North Orange County CCD
Gavilan College	Gavilan Joint CCD
Glendale Community College	Glendale CCD
Golden West College	Coast CCD
Grossmont College	Grossmont-Cuyamaca CCD
Hartnell College	Hartnell CCD
Imperial Valley College	Imperial CCD
Irvine Valley College	Saddleback Valley CCD

College	Community College District
Kings River Community College	State Center CCD
Lake Tahoe Community College	Lake Tahoe CCD
Laney College	Peralta CCD
Lassen College	Lassen CCD
Long Beach Community College	Long Beach CCD
Los Angeles City College	Los Angeles CCD
Los Angeles Harbor College	Los Angeles CCD
Los Angeles Mission College	Los Angeles CCD
Los Angeles Pierce College	Los Angeles CCD
Los Angeles Southwest College	Los Angeles CCD
Los Angeles Trade-Technical College	Los Angeles CCD
Los Angeles Valley College	Los Angeles CCD
Los Medanos College	Contra Costa CCD
Marin Community College	Marin CCD
Mendocino College	Mendocino-Lake CCD
Merced College	Merced CCD
Merritt College	Peralta CCD
MiraCosta College	MiraCosta CCD
Mission College	West Valley Joint CCD
Modesto Junior College	Yosemite CCD
Monterey Peninsula College	Monterey Peninsula CCD
Moorpark College	Ventura County CCD
Mt. San Antonio College	Mt. San Antonio CCD
Mt. San Jacinto College	Mt. San Jacinto CCD
Napa Valley College	Napa Valley CCD
Ohlone College	Fremont-Neward CCD
Orange Coast College	Coast CCD
Oxnard College	Ventura County CCD
Palomar College	Palomar CCD
Palo Verde College	Palo Verde CCD
Pasadena City College	Pasadena Area CCD
Porterville College	Kern CCD
Rancho Santiago College	Rancho Santiago CCD
Redwoods, College of the	Redwoods CCD
Rio Hondo College	Rio Hondo CCD
Riverside City College	Riverside CCD
Sacramento City College	Los Rios CCD
Saddleback College	Saddleback Valley CCD
San Bernardino Valley College	San Bernardino CCD
San Diego City College	San Diego CCD
San Diego Mesa College	San Diego CCD
San Diego Miramar College	San Diego CCD
San Francisco, City College of	San Francisco CCD
San Francisco CC Centers	San Francisco CCD
San Joaquin Delta College	San Joaquin Delta CCD
San Jose City College	San Jose CCD
San Mateo, College of	San Mateo County CCD
Santa Barbara City College	Santa Barbara CCD

College	
Santa Monica College	Santa Monica CCD
Santa Rosa Junior College	Sonoma County Junior CCD
Sequoias, College of the	College of the Sequoias CCD
Shasta College	Shasta-Tehama-Trinity Joint CCD
Sierra College	Sierra Joint CCD
Siskiyou, College of the	Siskiyou Joint CCD
Skyline College	San Mateo County CCD
Solano Community College	Solano County CCD
Southwestern College	Southwestern CCD
Taft College	West Kern CCD
Ventura College	Ventura County CCD
Victor Valley Community College	Victor Valley CCD
Vista College	Peralta CCD
West Hills College	West Hills CCD
West Los Angeles College	Los Angeles CCD
West Valley College	West Valley Joint CCD
Yuba College	Yuba CCD

APPENDIX C

TRANSMITTAL LETTER

TRANSMITTAL LETTER

"A Case Study of the California Community Colleges' AIDS Policies, Guidelines, and Services for Students, Faculty, and Staff" is the title of a research study I am presently doing to complete the final degree requirements for my doctorate with Nova University.

Attached is a brief on the purpose and scope of the study. I believe you will find the study of interest and its results useful.

The purpose of this letter is to ask your help with the study by completing the enclosed questionnaire. Although the questionnaire may seem rather long, the questions, for the most part, are simple to answer. Approximations are quite acceptable. I certainly appreciate your participation in the study and sharing of your expertise and experience.

Please be assured that all responses will be held in the strictest confidence and that under no circumstances will results be identified with specific institutions. Summaries of the findings will be available by the end of the summer and will be mailed to all respondents.

I will be most grateful for your assistance in making this survey as complete as possible. If you have any questions, please call me at the telephone number listed below.

Again, thank you for all your valuable time and assistance.

Kindest regards,

Cassandra Todd Carraway
Professor of Nuring
Los Angeles Valley College
5800 Fulton Avenue
Van Nuys, California 91401
(818) 781-1200, ext. 259

/ce

Enclosures (2)

"A Case Study of the California Community Colleges' Aids Policies, Guidelines, and Services for Students, Faculty, and Staff"

The emergence in the past few years of Acquired Immune Deficiency Syndrome (AIDS) as a major public health problem that has impact on all segments of society, including the California Community Colleges, has generated not only compassion for those who suffer from this disease but also anxiety about its spread. It is critical, therefore, to increase awareness and provide educational programs to prevent further spread of the disease as well as to dispel unwarranted fears.

The Los Angeles Community College District has been without health services since 1980. From the growing number of AIDS cases in Los Angeles County, it is clear that a comprehensive AIDS educational program is needed for the nine colleges in the Los Angeles Community College District.

The purposes of this case study will be: (1) to discover the current AIDS policies, educational programs, and related services offered to the students, faculty, and staff in the 106 California Community Colleges; (2) to determine what educational impact AIDS education and related services are likely to have on the California Community Colleges; (3) to identify appropriate related services for the students, faculty, and staff in the Los Angeles Community College District; and (4) to develop a practical guide of AIDS policies, guidelines, and topics for educational programs.

APPENDIX D

AIDS SURVEY QUESTIONNAIRE

AIDS SURVEY QUESTIONNAIRE

Institutional Information

1. Name of institution__________________________________

2. Name of person completing survey____________________

3. Current student enrollment in your institution:

   ___________ total number of full- and part-time students enrolled Fall, 1987

AIDS Policies and Guidelines

4. Does your institution perceive a need to offer AIDS education to students, faculty, and staff? (check appropriate spaces[s])

(a) Students	_____Yes	_____No
(b) Faculty	_____Yes	_____No
(c) Staff	_____Yes	_____No

5. Does your institution have an established AIDS Advisory Committee? (circle one)

   (a) Yes (b) No (c) In planning stage

6. Does your institution have an established AIDS Task Force? (circle one)

   (a) Yes (b) No (c) In planning stage

7. Has your institution received the AIDS guidelines from the American Council on Education (ACE)? (circle one)

   (a) Yes (b) No

8. Has your institution received AIDS guidelines from the American College Health Association (ACHA)? (circle one)

   (a) Yes (b) No

9. Has your institution discussed the above two guidelines with your faculty and staff? (check appropriate space)

American Council on Education AIDS guidelines:

(a) Faculty _____Yes _____No
(b) Staff _____Yes _____No

American College Health Association AIDS guidelines:

(a) Faculty _____Yes _____No
(b) Staff _____Yes _____No

10. Does your institution have an established AIDS Policy? (circle one)

(a) Yes (b) No (c) In planning stage

Does your institution have established AIDS guidelines?

(a) Yes (b) No (c) In planning stage

AIDS Activities

11. Does your institution provide any of the following AIDS educational activities? (check appropriate space[s])

a. Referral services _____Yes _____No
b. AIDS information resource center _____Yes _____No
c. Campus media _____Yes _____No
d. Telephone information service _____Yes _____No
e. Individual consultations _____Yes _____No
f. Training for student leaders _____Yes _____No
g. Outreach presentations _____Yes _____No
h. Peer education volunteer programs _____Yes _____No
i. Special campus events _____Yes _____No
j. Other activities not listed above:

12. Please list below the title of AIDS printed and audio-visual materials currently in use in your institution:

Title	Producer	Printed	A-V

Instructional Services

13. Does your institution provide training of staff to implement AIDS education programs? (circle one)

(a) Yes (b) No (c) In planning stage

14. Does your institution provide seminar/workshop(s) for faculty and staff on AIDS education? (check appropriate space[s])

(a) Faculty _____Yes _____No
(b) Staff _____Yes _____No

15. Has your institution budgeted new personnel in order to implement AIDS education on campus? (circle one)

(a) Yes (b) No (c) In planning stage

16. Does your institution have a gay caucus on campus?

(a) Yes (b) No

17. Has your institution adjusted counseling services in implementing AIDS education on campus? (circle one)

(a) Yes (b) No (c) In planning stage

18. Does your institution make screening and testing for AIDS available to students and staff? (check appropriate space[s])

(a) Students _____Yes _____No
(b) Faculty _____Yes _____No
(c) Staff _____Yes _____No

19. Does your institution provide referrals to qualified centers for students, faculty, and staff? (check appropriate space[s])

(a) Students _____Yes _____No
(b) Faculty _____Yes _____No
(c) Staff _____Yes _____No

20. Does your institution offer counseling specifically geared toward persons at risk with respect to AIDS?

(a) Yes (b) No (c) In planning stage

21. Other related services offered to students, faculty, and staff not listed above:

Students: (list type of services)

____
____
____

Faculty: (list type of services)

____
____
____

Staff: (list type of services)

____
____
____

Institutional Research

22. Has your institution conducted any research in order to obtain data that would indicate the following?

(a) Pre- and post-survey questionnaire to determine levels of knowledge change before and after an AIDS education program? (circle one)

(1) Yes (2) No

(b) Pre- and post-survey questionnaire to assess for attitude and/or behavioral changes before and after an AIDS educational program? (circle one)

(1) Yes (2) No

23. Has your institution conducted any preliminary results of any AIDS Health Services? (circle one)

(a) Yes (b) No (c) In planning stage

24. Has your institution conducted any preliminary results of any other AIDS related services? (circle one)

(a) Yes (b) No (c) In planning stage

25. What is the funding source for these AIDS related services and activities in your institution for the 1987-88 school year? Amount of funding?

1. State:	Source______________	Amount____________
2. Federal:	Source______________	Amount____________
3. District:	Source______________	Amount____________
4. Other:	Source______________	Amount____________
	Source______________	Amount____________
	Source______________	Amount____________
	Source______________	Amount____________

26. What has been the educational impact of AIDS education and related services in your institution?

____
____
____
____

27. Comments from the institution:

____
____
____
____

Please send a copy of your institution's AIDS policies, guidelines, available institutional research data, and AIDS educational program outlines along with this completed questionnaire in the enclosed envelope to:

Cassandra Todd Carraway, R.N., M.S.N.
Health Science Department
Los Angeles Valley College
5800 Fulton Avenue
Van Nuys, California 91401
(818) 781-1200, ext. 259

Deadline for questionnaire return:____________________

BIOGRAPHICAL SKETCH OF CASSANDRA T. CARRAWAY

Cassandra Todd Carraway was born in Neptune, New Jersey, the daughter of Roberta Elaine Kintner and Howard Eisle Todd. Educated in the parochial schools of Chicago, she received an Associated Degree in Science at Los Angeles Valley College and was licensed as a registered nurse in the State of California. She received a Bachelor of Science in Nursing Education and a Master of Science in Nursing Education/Research from California State University, Los Angeles.

She is currently a professor of nursing at Los Angeles Valley College where she has served as the assistant chairperson of the Department of Health Science. She has specialized in health promotion in the community with a primary emphasis on wellness training, child abuse prevention, and AIDS education. Additionally, she has been an education consultant with various community health agencies for continuing education for health professionals. She is a licensed and certified hypnotherapist and a contributing author of Hypnosis: New Tool in Nursing Practice published by Westwood Publishers. She is also the author of "Development of a Questionnaire in Order to Identify Test Anxiety in Nursing Students" (ERIC ED 284 616) and

"Identification of Topics for a Teacher Training and Resource Manual for a Child Abuse Primary Prevention Program" (ERIC ED 284 615).

Carraway is a member of the California Nurses Association, Los Angeles Community College District AIDS Committee, American Council of Hypnotic Examiners, American Red Cross, and the American College Health Association. In addition to her many professional activities, Carraway is vice-president of Hypnosis Treatment Center of Granada Hills, California. She enjoys spending all her free time with her husband Samuel and their nine children: Cynthia, Dennis, Deborah, Thomas, Michael, Mel, Victoria, Samantha, and Alexander, and their grandchildren. Her hobbies include writing, reading, crossword puzzles, attending her daughter Samantha's equestrian events, her son Alexander's preschool activities, and traveling with her family.

ERIC Clearinghouse for
Junior Colleges OCT 21 1988